

THE MEDICAL AND SURGICAL REPORTER.

No. 1543.]

PHILADELPHIA, SEPTEMBER 25, 1886. [Vol. LV.—No. 13.

ORIGINAL DEPARTMENT.

LECTURE.

BRIGHT'S DISEASE OF THE KIDNEYS.*

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Of Philadelphia.

This young man, aged 25, was always in good health, till, shortly before admission, he was exposed to cold, and complained of pain in his chest; this trouble, however, passed away as a simple cold. A day or two before entering the hospital he had a slight rigor and some fever, but without further development than feeling somewhat ill.

On examination, the chest symptoms were marked, and the urine, which had a specific gravity of 1022, contained much albumen, and abundant casts. The symptoms of pneumonia passed away, but the amount of albumen very greatly increased.

I must here give an interesting and valuable point in treatment. In attacks of acute kidney trouble, dry cups relieve the pain.

On account of the tendency to congestion of the lungs and spitting of blood, this patient was given *veratrum viride* four times daily, but this was discontinued after twenty-four hours.

Returning to the urine, in addition to the large proportion of albumen, it contained epithelial and granular casts in abundance. I know this to be but a relighting of old trouble—why? because wherever epithelial

casts are found, blood casts must have preceded them.

In order—blood, epithelial, granular, and fatty casts—you may thus trace Bright's disease through its various stages. When a patient comes to you with symptoms of kidney trouble, it is not sufficient to test the urine once for all, and, finding albumen, decide that his case is hopeless, or at least, further examination unnecessary. It is necessary to distinguish between albumen from tissue change, and Bright's disease, and a great help is searching for crystals of the urinary salts, especially *urea*.

If there be great change in the renal tubules, they cannot separate these salts, at least not enough to crystallize them. It is impossible for badly-diseased kidneys to perform this part of their work. So with casts. Albumen may be found when there is some change in the tubules; they may be too much deranged to retain albumen, but not enough to shed their epithelium.

Hence, as Bright's disease is of a progressive character, the urine should be examined quite frequently in order to keep the physician informed of the patient's condition, as this may obviously, from time to time, modify the treatment.

Our patient here was then given digitalis as a diuretic, and continued thus several days, then Basham's mixture, and later minim doses of nitro-glycerine every three hours. He is improving as rapidly as could reasonably be expected; the casts and amount of albumen are gradually disappearing. Acetate of potash was given throughout to increase the amount of urine, and with good effects.

* Abstract of clinical lecture delivered at the Pennsylvania Hospital.

COMMUNICATIONS.

ENDERMIC MEDICATION.*

BY E. G. WATERS, M. D.,
Of Baltimore.

An observant physician gave me a useful hint in regard to the treatment of erysipelas. He noticed on the person of a patient who had died of this disease that wherever the surface was dented, particularly about the head, possibly from handling the body after death, the little cup thus formed was filled, or partly filled, with serum. He concluded instantly that this resulted from overloaded vessels permitting, finally, their contents to escape through the law of osmosis, now that the vitality of the tissues no longer resisted effectively this law. He asked himself why could not this relief be given earlier, and in this way arrest morbid processes, abscess, gangrene, death, and contribute to speedy restoration of function and recovery. The nature of the morbid process seemed to be obvious. First, there was a rapid and violent congestion of the tegumentary tissues, followed by constriction and strangulation of vessels, always tending to embrace areas more and more wide, to produce constitutional symptoms more and more grave, against which the powers of life continually struggled in an unequal contest, too often followed by a lingering convalescence and a disastrous loss of substance, even when the sufferer escaped with his life. A clear apprehension of this physical condition—a condition, be it observed, purely dynamic, as viewed by theorists, yet most practical now—brought with it an almost instantaneous solution of the problem. What could be needed in such a case more urgently than the relief of the engorgement? What would contribute to this so promptly as the escape of the serum? What would accomplish this so speedily as a blister? Pathology and therapeutics joined hands, hypothesis escaped far beyond the nimbus of speculation, and needed only a subject to demonstrate the value of a conception thoroughly original, highly philosophical, and vigorously logical in its sequences. One and many cases occurred in his practice to justify his most sanguine hopes, and to verify his confident predictions. On a far larger scale and in a far more critical case than falls to the lot of the average practitioner, it afterwards became my province to employ this special method in this particular disease. I remember well hearing the late eminent Professor

of Surgery in the University of Maryland say that he had been compelled for weeks together to desist from all operations, even the most trifling, in the Baltimore Infirmary, because of the certainty of their being followed by erysipelas, and of its dangerous and unmanageable tendency. In an hospital of 750 beds, where for two years the exclusive care of this disease fell to my charge, no operations were postponed or suspended, nor was the bill of mortality materially increased on this account. I say materially, for in several instances patients were admitted moribund, and may be considered to have had no treatment at all. In one case of persistent and almost malignant obstinacy, in which the central portion of the tibia had been removed to the extent of four or five inches, the disease exhibited itself nine distinct times with extraordinary virulence. The disturbing cause here seemed to be a ragged half of a bullet that had escaped most careful examination, but which was finally discovered and removed, after which there was no similar disturbance. When a student of medicine, I saw vast abscesses opened in thigh or leg, and masses of necrosed cellular tissue looking like bunches of wet tow, raised from their depths by dressing-forceps. In no case have I seen phlegmonous erysipelas ensue after the application of the blister, and in a single instance only a few drops of laudable pus made themselves visible in a minute cavity just beneath the tunic and skin. A lady 75 years old was attacked with erysipelas of the face and head on a Sunday. The following Friday evening her physician, a gentleman of culture and large experience, was kind enough to ask me to see her with him. He said he had used the usual remedies, but the case had baffled his efforts, was continually growing worse, and his impression was that she would certainly die. As she was the wife of a prominent citizen, a member of our profession, his interest was naturally quickened. I found the lady with a face and head very much swollen, though not to the extent I had observed them to be in other cases. The aural meati were closed so completely that no sound seemed to invoke a response, the eyes were deeply buried behind their tumid lids, consciousness seemed to have fled, a deep coma had settled like a cloud upon her faculties, her breathing was noisy with stertor. Certainly there was not much here to hang a hope upon. Pieces of adhesive plaster were speedily spread with cantharides cerate, and made to adapt themselves to such surfaces of the face and scalp

* Read before the Clinical of Maryland.

as were accessible, and instructions were given to let them stay until they drew thoroughly. The vesicles were then to be punctured, and their surfaces covered with a stimulating cataplasm of bran and yeast, or more properly, suitable dabs of this combination were to be applied warm, and all covered with oiled silk. Internal medication was limited to a grain of quinine every two or three hours. The blisters drew finely, with corresponding relief to the constitutional and local symptoms. Sunday evening, exactly forty-eight hours after they were first applied, the swollen features had nearly resumed their normal size, intelligent communication was re-established, food and such remedies as were indicated were readily swallowed, and breathing, even during sleep, had ceased to be noisy and stertorous. The following day vision was restored through the absorption of the effused fluids, and objects were once more naturally appreciated through exercise of this sense. In logic the *major* is said to comprehend the *minor*. This case is presented as a crucial one. Her age, the length of time that had elapsed since the attack began, the continual aggravation, the coma and other signs of meningeal or cerebral involvement, seemed to unite in a protest against undertaking further measures for her relief. Yet no success could well be more signal and gratifying than that which these measures achieved. In the instance of an army officer who had been struck with a fragment that had descended vertically from a shell exploding about his head and split open his nose, lip, and chin, and in that of the wife of a surgeon, the swelling of the face and head was prodigious. All semblance of human features was lost. The lady, especially was a monster in her deformity—a veritable Medusa—a “Gorgon and Chimaera dire”—her features were large, even when in health. For twelve hours erysipelas had wanted over this fruitful field, and puffed it into huge distortions. The attack was in winter, and came on after exposure to a severe northwest wind. Her husband had telegraphed for his brother, a distinguished physician in a neighboring city, but desired me to proceed at once to treat the case. This was done upon the plan already described. The blisters were applied about ten o'clock in the morning. At my evening visit her husband told me his brother had come on, seen the case, prescribed tincture of the chloride of iron, which had not been given, and had returned home. By this time the blister had drawn well, giving great

relief to the burning and sense of distension of the tissues. The next morning the swelling had subsided greatly, and on the morning of the third day scarcely anything abnormal was to be noted, save the slight disfigurement left by the blister.

I recall four deaths that have fallen under my observation resulting from this disease, or associated with it. The first was that of a man who had been attacked with it above the elbow. When I first saw him nearly the entire limb from the shoulder to the elbow was a bag of pus. He was greatly exhausted, might indeed be considered moribund. The treatment consisted of tonics, stimulants, nutritive agents and the tincture of iron. He did not cease to fail, however, and soon sank.

The second case was that of a patient suffering with this disease in the head and face. He was profoundly comatose when first seen, and died in some twenty-four hours thereafter.

The third case was that of an officer whose left ilium had been smashed, probably by a fragment of shell. He told me thirteen medical men had had him successively in charge before me, and that some of them had examined his wound. Be that as it may, I took out a child's handful of fragments of bone and overcoat. The fragments of bone had become thoroughly detached, and came away easily, without resistance. One day the nurse called attention to some inflamed patches on the corresponding thigh. They were examined and found to be angry and erysipelatous in character, without, however, much elevation above the surrounding surface. They were somewhat oval or elliptical in shape, three or four inches long by two in width. Blisters were ordered for a couple of them only, under the presumption that the inflammation would yield in all when arrested in one or more, which often happens in attacks of this nature. To my disappointment, this did not occur. On the contrary, the blistered surface speedily assumed an unhealthy appearance, began to look sloughy, sank below the surface, and in a day or two became quite black. At the same time the nurse told me the patient could not be got to take any food, nor even to swallow wine. The inside of the mouth presented aphthous patches, and it is highly probable that a similar condition existed along the mucous tract of the œsophagus and trachea. He persisted in absolute abstinence from food and drink for eighty hours, and perished. At no time, however, did the gangrenous trouble deepen or extend,

and a separation around the edges of the wound indicated an effort of nature to throw off the slough, which she doubtless would have done but for life's failing powers.

The fourth and last case was the patient of a friend. He had been already under treatment for two weeks or more when my friend asked me to see him. The subject was a free-liver, a faded sport and sportsman, who had given himself to duck-shooting, card-playing, fox-hunting, and such like, with bibulous accompaniments. He had reached and turned his climacteric, and was now going down grade. His left leg, from the ankle to the knee, was aflame with erysipelas, and a slight blush extended over the instep and the dorsum of the foot. Just here, likewise, were two vesicles filled with reddish serum. The limb was greatly swelled, nearly twice as large as its fellow. The case looked unpromising, but I did not hesitate to recommend the use of the blister, to be extended over the entire inflamed surface. This was done and followed at proper time by the brand yeast, applied hot, and enveloped in oiled silk. The results were as satisfactory as could be wished. The inflammation was arrested, the swelling was reduced, and in forty-eight hours the two limbs were of equal size. But just here an embarrassment arose similar to that in the last case. The patient obstinately refused food in any form, would not take wine or alcoholic stimulants, scouted drugs of all sorts, and with an earnestness almost suicidal in its intensity, resolutely set himself to die—which he did. Nothing discouraging occurred upon the blistered surface, but a short time before his death the bases of the two vesicles mentioned underwent a gangrenous change. Discarding two of these cases in which no opportunity for treatment was given, I cannot be far from wrong in reckoning the death at not more than one-fourth of one per cent. Yet, as I shall presently mention, all these hundreds of cases were not managed in the same way.

A curious and very instructive instance of the value of vesication in this disease came under my observation a few days ago, by accident, in several senses. A young gentleman slipped on the icy pavement, and in his effort to save himself received the force of the fall on the palm of his right hand, wrenching his wrist severely. That night the pain was so distressing that he applied to an apothecary for a lotion, who with customary and assiduous alacrity gave him tinct. of iodine. This was applied, and in a short time vesicated the entire surface of the

wrist and much of the back of the hand. The next morning he came to see me, complaining bitterly of his suffering, and said he had not slept for two nights. The next day, Wednesday, I saw him at home. The surface touched by the iodine was peppered with vesicles, now much increased in size, the hand, wrist, and half of the forearm inflamed, swollen, and burning. In short, he was suffering from erysipelas. The arm was kept wet with infusion of lard and opium, as little of the infusion as possible being permitted to come in contact with the vesicated surface. During Wednesday night many of these vesicles ruptured, and on the following morning I punctured with a lancet many more that seemed full of fluid. The drain from this source for twenty-four hours was surprising, and as the flow of serum went on, an abatement of the swelling and vascular injection went on, *pari passu*, with it. Years ago I noticed that an inflammatory action, sometimes no more severe than a mild erythema, and again of a more angry type, would diffuse itself over the integuments of a stump speedily after amputation, which was not readily subdued by fomentations either warm or cold, but which yielded promptly to the infusion of lead and opium. Having used this preparation often with success, I soon began to employ it for erysipelatous inflammations, whether of idiopathic or traumatic origin. In a hospital of 1500 beds, where at times as many as 300 patients came daily under the observation of one surgeon, ample opportunities were offered to test its value. This was so satisfactorily proved, that for years it has been my chief reliance in the milder forms of erysipelas. It is only where the peril is extreme, either from the violence or locality of the disease, that I now resort to the blister. At Borodino the cannon of the French thundered in vain against the Russian center, and one charge after another of their infantry was repulsed with ruinous slaughter. It was not until the "Old Guard" was hurled against their defences that their stubborn resistance yielded and the victory was won. I look upon the blister as the "Old Guard." The action of the opium infusion, when combined with lead, is often very prompt. A young man called to see me some weeks ago complaining of an attack of rheumatism in his ankle joints. Examination revealed the fact that he was suffering an attack of erysipelas of both ankles. After using the opium infusion for forty-eight hours, no trace of the inflammation remained in either of them. But

the success attending its use is not limited to congestions purely superficial. In those involving deeper seated structures its value is no less marked. I have had no case of mammary abscess to deplore since I began to rely upon it to prevent this disaster. A friend spoke to me of a case of this nature which had defied treatment, and which he then considered hopeless. At my suggestion he employed this means with complete success, and afterwards told me its action appeared to him almost supernatural, so much had it surpassed his experience with other agents in that class of cases. A lady whom I attended in her first confinement had the misfortune to have the nipples so much retracted that their extremities were much below the level of the breasts. These organs were greatly distended; nursing was out of the question, abscess with all its attendant horrors was inevitable unless the congestion could be controlled. The opium infusion did this effectually. She has since borne eight children, and has always used the infusion, and has always escaped a gathered breast. In peritonitis, whether puerperal or not, in metritis, in ovaritis, in the milder forms of dysentery, in that curious form of phlebitis known as *phlegmasia dolens*, with many other painful affections, we may regard this as a sheet anchor for local treatment.

I return for a few moments to the blister. There is a great reluctance among medical men to employ this agent early for the treatment of pneumonia. I cannot help but think that this is a mistake. It is quite true that we do not now meet with many cases of an active type in which the prompt use of the blister is indicated, and in which it seems to exert its peculiar powers to best advantage. Certainly, I have seen an attack of pneumonia in a young and vigorous person cut short by a blister used in the early period of the congestion, with far greater promptitude than by the use of the lancet. In acute laryngitis it has yielded the most prompt and gratifying results. A young married lady called upon me some evenings ago, on her way home from a visit to a friend. She was quite hoarse; indeed, could not speak above a whisper, and said that even to do that caused her severe pain in the region of the larynx. The attempt to swallow distressed her so much that she had desisted from it altogether for some hours. The attack had come on since early morning, she said, and had rapidly grown worse during the afternoon, although she did not seem to be aware that it portended anything serious. I prepared a small circular blister about one

and a half inches in diameter, and applied it carefully just at the top of the sternum. The next day, at my morning call, I found all the urgent symptoms had been relieved, neither talking nor deglutition was longer painful, she had eaten and enjoyed a hearty breakfast, a dangerous malady had been aborted, and she was equal to the resumption of her daily duties. One lady I have relieved on nine different occasions by this method. To be successful one must be expeditious. The enemy is at the gates, and the gates of life! If there is any other remedy that will meet the indications with such unfailing certainty, I do not know it. Those who have seen much of continued fever cannot fail to remember instances where the patients did not seem for weeks to be in any urgent peril. They took their nourishment, stimulus, medicine, in a mechanical sort of way, but with a clear understanding of what they were about, gave intelligent answers to questions, slept well, were easily aroused, and gave satisfactory promise of getting promptly up and around within a reasonable time after the fever had run its course. They have seen cases a little milder than these, and they have seen others several shades more severe. They have seen these patients in the fourth or fifth week, sometimes later, rarely earlier, pass rapidly into a coma more or less profound, from which, if they are not speedily aroused, it will soon prove to be the sleep of death. Now, just at this critical moment, the blister applied to the nucha will often produce wonders. During the early stages of the disease, when there is a stage of congestion apparently active, certainly extreme, its use is apt to result in disappointment. But at the later date it rarely fails to do good. A young gentleman, of some thirty years of age, had been lying sick of a fever for nearly or quite six weeks. He, his physician, and their families, were personal friends of mine, and just at this time, with the consent of the doctor, I paid him a visit of courtesy. He was cheerful, intelligent, glad to see me, thanked me for the attention. There was not a bad symptom present. Everything betokened an approaching speedy convalescence. A few days later, on meeting with his physician, a highly accomplished man, he told me our friend was very ill, and, in his judgment, hopelessly so. He requested me in a kind and earnest manner to go to see him, and to offer any suggestion to the family that might occur to me. He said further, that he had just been called urgently into the country, and could not then accompany me. The fact

of the young man being my friend's nephew relieved the situation of some of its embarrassing circumstances. I found the patient greatly changed from the condition he presented a few days before. His tongue was brown and cracked, his mouth was partly open, his breathing was heavy and stertorous, the coma was so profound that it was with great difficulty that he could be for a moment aroused. These and other symptoms at so late a period of the attack, left but little ground for hope or encouragement. As a last resource, a blister was ordered to the back of the neck, to extend some inches down the spine. Happily he had had the best attention, good nursing, been well sustained—the blister drew well, and in twenty-four hours he was out of danger.

What has been said hitherto has had reference exclusively to adults. I have not met with a practitioner who uses quinine endermically with children. And yet this use of that remedy is replete with benefits and advantages not easily appreciated except after trial. The distaste children have for the drug in any form by the mouth often presents an insuperable difficulty to its employment in that way. Besides, when swallowed, the lingering bitterness of its taste will often cause its rejection, and that too when it is important that it or one of its congeners shall be given. To dissolve it in whisky, and have it rubbed into and through the child's skin, does away with the above-named objection, and substitutes a method exhilarating and fairly intoxicating in its effects. Young infants soon learn to look for the rubbing with some of the eagerness that an older voluptuary welcomes the sensuous enjoyment of a Turkish bath. These poor little wan shadows of their former selves, shriveled and shrunken by heat and cholera until their vital forces almost refuse to perform their various functions, will often start into new life under its favoring action. I order about a scruple to be mixed with an ounce of whisky, and of this from half a drachm to a drachm to be rubbed in along the spine night and morning. Too much force must not be used, else the back will become sore. In intermitting fever, no surer way than this can be employed to stop the chill, and put the little patient on the high road to recovery. Indeed, with adults I have used this method with equal success. In the case of a gentleman past 75 years, the third chill was stopped, and he never had another. He had a fancy that quinine disagreed with his stomach, and preferred the

above way of using it, and it proved completely successful. A young lady, much given to drawing, had several nervous attacks, far from being distinctly hysterical, which proved troublesome, and threatened to be serious. During a visit to Atlantic City, some fever came on every day, and she hurried home to escape a spell of sickness. Treatment did not afford the relief one had a right to expect from it. Languor, loss of appetite, nausea, and broken sleep, refused to yield to usual remedies. Assuming that there was some spinal irritation at the bottom of the trouble, I directed her spine to be rubbed twice daily with quinine and whisky, with possibly a little strychnia. The result was prompt and surprising. Her appetite returned, she was soon able to exercise without fatigue, her sensations and tastes became natural, and in two weeks she was restored to more than her average health. The addition of strychnia and arsenic to this formula *pro re nata*, will often be found highly serviceable. In the case of our little patients feebly and languidly convalescing from any form of disease, and of those who may be regarded as the victims of our crowded cities and of our artificial life—the Tiny Tims and Paul Dombey's of our current civilization—great results may often be secured from this push from behind. In those without constitutional taint, where mere feebleness and arrest of metamorphosis exists, often consequent, it may be, upon a lowering of nervous force, we may expect with confidence rapid impairment and speedy restoration to vigorous health. And even in those where the lurking worm in the bud precludes the prospect of perfect recovery, much *malaise*, *ennui*, and actual suffering may be relieved or prevented.

Horace tells us it is difficult to discuss common things properly. In these remarks I have striven to avoid trenching upon the province of specialists. Indeed, the general practitioner must be like Pope's squinting poetess,

"To no one muse does she her glance confine,
But has an eye at once to all the nine."

It has been my object to do what Bacon advises, to present the subject and thus seem to lead the dance. Its possibilities are not limited to the agents nor the derangements noted in this paper. To use Newton's fine figure, we are all like children gathering a few pebbles from the shores of the ocean of knowledge. The King of Brobdingnag told Gulliver he valued the man who had caused two blades of grass or two ears of corn to

grow where only one had grown before more highly than the whole race of politicians. To relieve pain, to shorten sickness, to prolong life, to introduce improved methods into the science of therapeutics, may not satisfy entirely the demands of an honorable ambition, but may justify us in feeling that we deserve at least the encomium of this wise and illustrious monarch.

ACUTE INEBRIETY.

BY T. D. CROTHERS, M. D.,

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A man who has been a total abstainer for a lifetime or many years, or who only uses wine at the table, will suddenly drink to great excess, be intoxicated, and exhibit an acute mania for spirits, that indicates profound cerebral disorder. This mania is characterized by impulsiveness, precipitancy, and often by a degree of cunning reason to procure spirits or conceal them for use that is bewildering to the ordinary observer. All the talents and native force of the man seem to be concentrated in one direction: to procure and use spirits. Opposition and difficulty seem to bring out latent qualities of energy and reason not noticed before. He drinks to stupor constantly, only satisfied with profound narcotism. If unrestrained, this state merges into an acute fever and low muttering delirium, which calls for active medical interference. In some cases the period of convalescence is short, in others it is long and followed by complicating diseases, of which gastritis, acute rheumatism, pleurisy, or pneumonia, are very common. In some cases the drink storm seems to have ended, in other instances it begins again with renewed energy and impetuosity.

In a few cases this drink mania continues up to death, only checked by forcible restraint and inability to procure spirits. In other cases it seems to have exhausted the germ soil, and dies out forever, or after a long interval springs into activity again.

When the inebriety comes on suddenly and is precipitate, it may be the explosion of a nerve state, which will die out soon, or be the beginning of an acute mania. The following case is an example of the latter:

A—, a merchant, who had overworked for years, and drank wine at meals in great moderation, suddenly became intoxicated and continued so for weeks. He came under my care, and after six months, went away greatly restored. He began to drink again and was returned, went out, and re-

lapsed, then was taken to an insane asylum demented. The drink period lasted nearly two years before the final termination in insanity.

B—, a lawyer, began to use spirits to great excess, and was locked up in jail for ten days. From this time for the following five years he drank to intoxication with every opportunity, and sought, with great skill and cunning, means to procure spirits. He was under my care, but was without power of self-control, and always drank on every occasion. On one occasion he remained concealed at the house of a friend for two months, intoxicated nearly all the time. Finally, he became melancholic and suicidal, and was placed in an asylum, where he is now a chronic dement. The premonitory symptoms, or drink period, lasted over five years.

The cases of inebriates who, after a short or long stage of drinking, stop short, and remain sober an indefinite time, are more numerous. These are not periodical inebriates, and have no regularity in the return of the drink paroxysm. In the midst of a quiet temperate life they suddenly, without the slightest apparent premonition, drink to intoxication, and keep it up as long as opportunity and ability to take spirits continue. Or, in some cases, they stop as unexpectedly as they began. Take the following cases:

A—, a neurotic, with an alcoholic ancestry, who had used wine at the table for years, went to his business one morning, finished his correspondence and other duties, then went to a hotel and drank to stupor. He was found four days later at the hotel, profoundly narcotized, and taken home. Here he continued to drink for weeks to great excess; no efforts could stop him; finally an old friend called and expressed sorrow that he should continue in such a course of conduct. At once he expressed faith in being able to stop, and from that moment reformed and did not drink again for four years. Then he relapsed, and after much effort he was brought to my care; for many weeks was exceedingly difficult to manage, then he suddenly announced that he was going to change, and from that moment he abstained for two years. Then he drank for three months so excessively as to alarm his friends, and finally wandered into a church prayer-meeting, expressed a change of heart, and reformed again. Both the beginning and ending of these paroxysms were uncertain events that could not be foreseen (or at least were not by any of his friends).

B— was a mechanic who was temperate

and well up to a certain point where he was successful with the sale of a patent, when all unexpectedly he went away and drank to great excess, and was intoxicated for many weeks, until he was prostrated with a severe fever. He recovered, and two years later relapsed, and stopped in the midst of a wild drink paroxysm. Another long free interval was followed by a similar relapse and sudden ending.

In these cases the only remedy was forcible restraint and medicines to produce powerful and sudden impressions on the organism. In one case a physician related to me an instance where he gave such a case a severe whipping for some indignity to his wife. The excitement and injury the inebriate received sobered him, and he continued a sober man from that time. The shock to his nervous system produced a permanent impression for good. Many instances are recorded of a similar nature, which point to some state of nerve and brain shock, or to the exhaustion of the drink impulse.

The reason and judgment often exhibited in these cases when using spirits indicates unusual sanity and clearness, and the layman can only explain it by the terms vice and malicious wickedness. Literally such cases are reasoning maniacs of the most dangerous character. The following is an example:

A—, the son of a rich man, who had no business, and whose ancestry were both alcoholic and neurotic, would, after a long period of total abstinence, drink to intoxication. After a few days of alcoholic stupor, he would apparently recover, although still drinking to stupor at night, manifest the most extraordinary cunning and judgment to procure money and distress others who had in any way incurred his anger. He would forge and raise bank notes, plan and carry out schemes to bring distress, such as having persons arrested late Saturday evening on false charges, start stories and rumors where they were calculated to do great harm, plan schemes of swindling of the most adroit character, etc. In all this he would be concealed, and never be legally responsible. He would have a number of retainers who would always seem to be the guilty ones. This paroxysm of malice and intrigue would end in a few weeks, and he would show great sorrow and interest to repair the injury. He never acknowledged any participation in these events, but he sought to save the victims or the actors from the legal consequences. In this case the shrewd calculation and judgment of human nature seemed so

unusual in a man who drank to stupor almost every night, and his great frankness of manner and conduct to his friends gave no indication of his insane cunning. Had a crime been committed, all the general evidence would have pointed to a mental state fully comprehending right and wrong, and the nature and consequence of his acts, and yet he was a most complete maniac.

This case was an extreme example of moral insanity and reasoning mania. A more common and familiar type would be the following:

B., a merchant who at long irregular intervals drank to stupor, would, during the half-sane moments of the drink paroxysm, plan to conceal his property and arrange to have spirits within his reach. He would profess to try to recover, but in reality be planning and carrying out the most adroit plan to lengthen out the paroxysm, and also to avoid paying debts. Often these cases come to an asylum, and the skill and resources of the managers are taxed to the uttermost to check them. A periodical inebriate can be reached and understood by the expert; also the constant drinker and the dipsomaniac, and the inquisitive accidental inebriate. But these sudden acute inebriates present unusual difficulties in both study and treatment. The almost infinite variety of symptoms and mental phases of disorder bewilder the observer, who while recording them is fully conscious that from a wider study they will be understood, and the laws which govern them known. At present he can only observe and put down the facts, leaving the conclusions to others. These cases require prompt medical care and attention, and should be recognized at once by the physician. In one instance a man of this character is brought to my care (forcibly) on the first appearance of the drink crave. In a few days he fully recovers, and is very grateful for the restraint.

In another case, a prominent man is taken to an insane asylum, and locked up in a room for a few days, with the same good result.

In some cases I have advised to use restraint at home for two days or more—until the paroxysm has passed. The first thing is to place the person under restraint of some kind, suitable to prevent him from using spirits. Often this can be done by the most varied means and surroundings; and sometimes chemical restraint is sufficient. In all cases the object of the physician is to cut short the paroxysm, or, at least, temporarily prevent it, in hopes that it may die out or

become exhausted and not return again. It is criminal negligence to permit such a case to roam about free and acting under the impulse of a diseased brain and will-force. No matter how sane he may appear in act or conduct, if he is found to use spirits suddenly and to excess, he is a subject for medical inquiry. Many of the sudden, mysterious disappearances of men of standing in large cities are of this class, and in their stupor they are either killed or sent away on some ship. They are men of temperate habits, the drink paroxysms which have occurred at long intervals, and been concealed, are not considered as noticeable, because the stupor has been of short duration. The most of his conduct has been marked by seemingly full appreciation of his surroundings. In some of these cases where the reported disappearance of a prominent man has excited attention, the victim, after recovering from the first stupor, and partially realizing that he was being hunted up, has, with a criminal cunning, taken every measure to conceal his presence, with success, often baffling the shrewdest detectives. Here the skill of a maniac is often displayed. Later, when these cases are found, no mention is made in the press out of respect to the feelings of friends.

A man of some wealth, who had been a patient of mine, disappeared in Boston from his friends, and for many weeks a large detective force failed to get any trace of him. He finally came to my place for treatment thoroughly disguised, having spent his time in eluding the detectives, and in moderate and excessive drinking. This drink storm had died out, and the pleasure of keeping away from the detectives and using spirits was waning.

The practical fact to be remembered is to study these cases as veritable insanities, and treat them on this basis. A vast field for the most practical clinical research opens up about these cases, and physicians of all others are most competent to explore it.

MEDICAL SOCIETIES.

CHICAGO MEDICAL SOCIETY.

(Concluded from page 366.)

The question of introduction of fluid into the air passage may not be a tangible objection. But we would perhaps prefer to select the kind of fluid we would put into the trachea instead of milk or beef tea, or anything of that kind. The operation of trach-

eotomy has been resorted to for a great many years, with varying success, by different operators and in different localities. Trousseau, years ago, reported his success as about one in three, or three to four, from a very large number of cases. In the cases we have heard this evening as compared one with the other, tracheotomy hardly holds its own. The number of cases of tracheotomy no doubt are not all reported, but a fair proportion of them probably have been reported. While tracheotomy is certainly of great benefit, and has proved itself to be such in this class of diseases, it is subject to its disadvantages and annoyances; but so also has intubation its annoyances, both to the patient, the friends, and the doctor.

Dr. C. T. Parkes: I have nothing but words of commendation as far as Dr. Waxham is concerned, for his persistence in presenting this method of O'Dwyer to the profession of this city. I have nothing to say about intubation; I have no experience, never having seen a tube used. I have had a little experience in tracheotomy, and so far as my personal experience goes, I shall stick to that until I have reason to change it. My experience extends over thirty-one cases of tracheotomy. I had the honor to report to this society on previous occasions the first fifteen cases; eight recovered and seven died. I have collected the names and residences of sixteen more, and of these ten have recovered and six died. That is a pretty fair showing. I cannot explain, do not pretend to explain, this percentage of recoveries. You will find in the literature of tracheotomy throughout the world that some operators have a good fortune in that respect. I do not think it an unusual or peculiar fact that the doctor relates about relief given to the patient when you open the trachea after stenosis; in cases in which the patients are unconscious, black in the face, and are revived by the introduction of the laryngeal tube, such a result is to be expected. I see by the report very few if any of these cases recover after intubation; I know I have seen just such cases recover after tracheotomy. I have never had any trouble from the swallowing of fluids or food of any kind; I have seen the fluids come out of the opening of the tube, and have had the physician in charge reporting that we had unfortunately made an opening into the oesophagus; those cases have never given trouble, and in a few days subsided. There is one peculiarity about these cases of intubation, that Dr. Bogue has explained, the pressure of the tube causing an early disappearance of the membrane. There have been no

cases that I have seen in tracheotomy, where the tube could be removed under six days; in two cases it was three or four months before the tube was removed; I have never seen the trachea opened so far, without seeing false membrane come out of the trachea. If I were enabled to remove the tracheotomy tube inside of six days or a week, I should think that to be a case in which no membrane was found in the trachea, and one, in all probability, if I had waited a few days, in which the patient would have gotten well without any operation. There is something peculiar and interesting in the ages of these sixteen cases, the youngest being 3½, the oldest 37 years of age. I think the cases in which stenosis has been complete, and required an opening of the trachea, have been very few in the adult. One of these operations was upon a woman after she had been sick some four or five days with a bad case of pharyngeal diphtheria. At the time I saw her she was absolutely suffocating, and I was called for the purpose of performing tracheotomy; I did the operation under very poor surroundings, and yet the patient recovered. The tracheal opening became diphtheritic. Another case was 32 years old. The patient died on the table; this accident has happened in quite a number of cases. I never had any trouble with the children, and certainly expected less with the adults, as in the latter the operation is much more simple than in the child. This patient stopped breathing before the trachea was reached, and after it was opened it was impossible to restore respiration. As far as I am concerned, I can say nothing about intubation. I think it is very likely I shall purchase a tube. I don't know whether or not it is such an easy thing to intube the larynx; I think I have cognizance of three cases not in the doctor's list that proved fatal, in which some difficulty was met. One 3 years old died the day after; one 7, in which no relief was given, as the membrane seemed to be pushed ahead of the tubes; and one in which, no relief being given, the attempt to remove was complicated by the child swallowing it and being buried with the tube in its stomach. Another, a young lady 17 years old. This patient recovered; she was relieved immediately after the introduction of the tube, and rested very comfortably until the next day, when she complained of a pain in her stomach. In the evening of that day she passed the tube from the rectum. I allow you to judge of the necessities requiring its use, so I don't know that I can agree with these gentlemen and say the operation is

simple. We know what tracheotomy amounts to, and I am sure I would not feel right about it, I should be haunted with the idea of not doing my whole duty, if I left a child 7 years old go without doing tracheotomy where I felt satisfied, after this tube was introduced, there was no relief given. I think tracheotomy will always have a place. I have been asked so many times how I come to have this record of tracheotomy, that I think it is due me to say one thing more; I do not know how to explain it. I believe no other operation for tracheotomy should be done but the high operation. The trachea should be opened at the highest ring, and if necessary, divide part of the cricoid, as I have done, or all of it. Certainly the after care has a great deal to do with the recovery, and I do not believe there are any persons so wanting in intelligence, but if you give them instructions carefully they will carry them out. So far as my experience goes, the surroundings have made no difference, even if it be a house of only one room with the whole family living in it, and several other animals besides. I think the room should be kept at a temperature above 80°; there should be no attempt to fill it with moisture, the room should be so hot as to be decidedly uncomfortable for all the friends, for the first twenty-four hours. During this time (twenty-four hours), the inner tube of the trachea should be removed every hour whether the patient seems to need it or not, because that is the time when the deep-seated trouble in the organs below starts. After that time I do not believe the tube should be removed oftener than seems absolutely necessary, and I do not believe that mucus can be prevented from drying by the introduction of foreign bodies. Every time the tube is removed it should be re-introduced damp, or wet in a mild solution of soda, and occasionally without taking out the inner tube, drop into the trachea a few drops of this same fluid, so as to keep the end of the tube as moist as possible. No foreign bodies of any kind should be introduced into the trachea after you are quite certain all the pieces of membrane have been detached and removed at the time of the operation. The introduction of such an innocent little thing as a feather or sponge I am satisfied does more harm than good. I am willing to admit that in one case which showed every sign of recovery, the tube was moist and the cough was moist, and I had every reason to believe it would get well, but owing to over-anxiety I kept poking feathers into the trachea, and had the friends do the same, until I got up an inflammation of the

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trachea proper around the tube, which I am satisfied was the cause of the fatal issue. I do not think there should be any interference; the least possible interference is the best plan of cure.

Dr. H. T. Byford said: I wish to call attention to one fact; that is, in the statistics of hospitals tracheotomy shows about as favorably as intubation, although in private cases the safety, simplicity, and absence of formidableness of intubation makes it already the popular operation. As I have said before this, tracheotomy is an operation for hospital practice, where the difficulties can be overcome, and where its just claims for precedence in particular cases must always obtain consideration.

Dr. F. E. Waxham, in closing the discussion, said: I believe every tracheotomist will entertain an opinion in regard to tracheotomy according to the success which he has attained. If a physician has saved every patient upon whom he has operated, he will feel that the operation is good enough, and will be perfectly satisfied; if he has saved a large proportion of his cases, he will be loth to accept anything new; but the great majority of physicians, who have either met with unvarying failure or inferior success, will have a poor opinion of the operation. English writers seem to be losing faith in tracheotomy, for Holmes, in his "System of Surgery," says: "English medical men seem very generally to incline to the opinion that the operation, if not to be recommended, is at least justifiable, but to be successful it must be performed at a very early period of the attack." Referring to Professor Parke's remarkable record of tracheotomy, I cannot help feeling that his cases could not have been so unfavorable. I cannot believe that he had many young infants to operate upon. I would like to ask the age of his youngest patient.

Dr. Parkes: Three and a half years.

Dr. Waxham: That explains why his record has been far more successful than that of many physicians. I believe that if tracheotomy were performed upon every case without reference to age, condition or type of disease, we would not save more than one out of every ten or twelve. Many physicians select their cases; indeed, I know of some who *will not* operate upon a child under three years, and of others who will not operate upon diphtheritic cases, on account of the known fatality occurring after tracheotomy in these cases.

In regard to the difficulty of performing intubation, I would say, that any of you

who attempt the operation upon a child without practice upon the cadaver, will certainly be sorry for it. I have known of four physicians who have failed completely. In regard to the patient to whom the last speaker referred, the young lady with the tube in her stomach, that case I am afraid was not in my record. I unfortunately, or perhaps fortunately, did not secure the patient.

Dr. Parkes has stated that after tracheotomy, if he were able to remove the tube in less than six days he would have concluded that there could have been no membrane within the larynx, and that if he had waited a few days longer, the patients would have recovered without the operation. May I be pardoned for feeling that the natural inference would be, that in these cases of intubation, because the tube has frequently been removed on the third, fourth, or sixth day, there could have been no membrane present, and that the operation was unnecessary? In reply, I would state that in every case coming under my observation, false membrane has been expelled when the tube was introduced. The reason why the laryngeal tube can be removed earlier than the tracheotomy tube is that more or less membrane is detached when the tube is first introduced, and second, the pressure of the tube and the frequent coughing assists in dislodging the membrane; while after tracheotomy little or no air passes through the larynx until after the removal of the tube, and there is nothing to cause the dislodgment of the membrane.

In regard to feeding the patient. Many of my patients have taken abundance of nourishment without difficulty. Occasionally, however, there will be one that will not take a sufficient amount. It will depend a great deal upon the size of the tube. If we use a tube larger than is appropriate for the age of the patient, it will not always fit perfectly into the cavity of the larynx, and consequently the epiglottis will not close accurately over it. In a case such as Dr. Strong has referred to, where the membrane is pushed down ahead of the tube, the trachea forceps would be very useful in removing it.

There are a great many dangers from tracheotomy that are never met with from intubation; but we rarely hear of them. I have learned of one physician who attempted a tracheotomy on a child four years old. Cutting down hastily, he severed large blood-vessels, and losing his head at the sight of the copious hemorrhage, at once sewed up the wound, while the child, almost with his last breath, wanted to know if they were going to cut him any more. Another physi-

cian, in cutting down hastily in order to open the trachea, missed it, and accidentally severed the carotid artery. Indeed, the history of tracheotomy is replete with horrors, but we do not hear of them. In the hands of experienced surgeons, who are cool and collected, the operation may be a simple and safe one; but in the hands of the inexperienced and the nervous, performed, as it frequently is, in the dead of night, it then becomes a formidable, yes, a dangerous procedure. Intubation, on the other hand, can be performed quickly, in a very few seconds, and without the dangers attendant upon tracheotomy.

THE BALTIMORE ACADEMY OF MEDICINE.

Nidized Platina Needles.

Dr. J. J. Chisolm exhibited a series of needles of various sizes, the invention of Dr. Genese, of this city, a description of which is here given in a note from the inventor.

They are made with platinized gold head, hardened under hydraulic pressure. This needle can be made as dense as steel, but will be found to work better, if the temper is below spring steel. It will pass through tough tissue easily, and cannot be broken, while the advantage of bending, if required, may be found of great service in some cases. This needle will pass through cartilage or dense cicatricial tissue. If iridium is added in the construction of this needle, it will be so hard that steel can be cut with it. This needle can be made of any shape or size, and it is indestructible under the pressure of the forceps or the action of acids. The eye of a needle is the part hardest to clean; this needle can be cleaned with nitric acid, thus making it a somewhat antiseptic needle.

Dr. S. C. Chew reported an interesting case of

Opium Poisoning.

He was called in consultation to see the patient, a lady who had been suffering from a severe attack of erythema nodosum, for the relief of which she had been getting a quarter of a grain of sulphate of morphia each night for four nights. On the fourth night she became comatose, a weak, irregular pulse set in, and a Cheyne-Stokes respiration appeared. The weak, irregular pulse the doctor considered as contra-indicating poisoning by opium. She was at the time supposed to be beyond relief. Hypodermic injections of brandy and tr. of belladonna were, however, ordered, but gave no relief.

At about 5 o'clock on the morning following she was apparently past all aid, but as a last resort the attending physician gave her a hypodermic injection of tr. of belladonna alone of about twenty-five minims. To his surprise she began to rally, and by 9 o'clock of the same morning she was out of danger.

Morphia Taken for Quinine—Mercurial Inunctions for Lice.

Dr. F. T. Miles related a case of a man who was poisoned by taking morphia for quinine, and when seen, was apparently so near dead that therapeutic aid was considered useless. The patient recovered without any treatment whatever. The doctor has never seen a patient die during the Cheyne-Stokes respiration.

Dr. Miles referred to a case of a young man, supposed to be syphilitic, who had become paralyzed; there was dribbling of urine, bed-sores, and semi-unconsciousness. He was in a most disgusting condition, being filthy, and in the hairy portions of his body infested with lice. Mercury was ordered internally for the syphilis and mercurial inunctions for the lice. The man made a rapid and complete recovery, which the doctor attributes to the rapidity with which his system was brought under the influence of the mercury, not so rapidly when given by the mouth as when rubbed into the surface—the object thus obtained was not intentional, as the inunctions were ordered, as stated, for the lice, but the result certainly suggests a valuable means of getting the rapid action of mercury.

Dr. J. J. Chisolm related a case of

Otorrhœa

that he had been called in consultation to see. The patient was in a very precarious condition. He was in a semi-comatose condition, and was at times unconscious. The mastoid region was painful, but not swollen. Pus oozed from the ear. There was aphasia, but no paralysis. He decided to open the mastoid cells, but upon a second consideration, as the patient was apparently moribund, concluded to try the effects of a large blister to the nape of the neck extending well down over the shoulders. The effect was pronounced; recovery was complete, and the patient is now in good health.

Stated meeting held June 1, 1886.

The Executive Committee reported favorably upon the thesis presented for admission by Dr. Robert T. Wilson, and he was accordingly elected to membership of the Society. Under the heading of "Relation of Cases,"

A Singular Coincidence in the History of Cancer.

Dr. J. J. Chisolm related a singular coincidence that recently came under his observation. It was a case in which he was called upon to amputate a cancerous external ear from an old man *æt.* 80. The coincidence rests in the fact that this man had had two wives, both of whom had had cancer, and both of whom had died as a result of the operation. Dr. Chisolm's patient, however, is still living.

Enucleation of the Eye-ball in an Infant.

Dr. J. J. Chisolm related the history of a patient two months of age, upon whom he had done the operation of enucleation of the eye-ball for intra-ocular trouble. The patient recovered. This is the youngest subject upon whom he has ever performed this operation.

Dr. J. Edwin Michael, in answer to a question by Dr. Miles, said that it had been his experience that young children stand the strain of operations to which they are sometimes subjected remarkably well.

Dr. G. Lane Taneyhill two years ago amputated a terribly crushed leg from a boy two years old. The patient suffered only a moderate degree of shock, from which he recovered entirely. The boy is now in excellent health.

Deficiency in Both Lower Eyelids.

Dr. J. J. Chisolm spoke of a case of a deficiency of both lower eyelids, the result of cicatricial contraction from two scars on either side of the nose. The scars were the result of operation for the closure of a very high degree of double hair lip. The fissures extended almost to the inner canthus of each eye, and back through the bony portions of the face there being an absence of the intermaxillary bones.

Restoration of Sight by a Fall.

Dr. G. Lane Taneyhill had recently a patient, a lady *æt.* 65 years, who had fallen down stairs striking upon the right supra-orbital ridge, causing laceration, ecchymosis and a considerable degree of hemorrhage. The patient claims to have been born absolute blind in her right eye. One week after the accident, while the doctor was dressing the wound, she suddenly exclaimed that she could see. Upon examination, he found that there was perception of light, and that when held in certain positions she could count fingers. There is apparently no lens present, but there is a calcareous condition of the capsule with a superior synchia. He

thinks the explanation for the sudden transition, is that in the fall there was a displacement of some of the opaque media, thus making an opening for the passage of light.

Dr. J. J. Chisolm, notwithstanding the evidence of the woman's absolute blindness, don't think she was ever without appreciation of light. Absolute blindness means atrophy of the optic nerve, and he is acquainted with no means by which an atrophy of the optic nerve of sixty-five years' standing could be restored to a functioning condition. He thinks her so-called blindness only a matter of contrast.

Danger of Atropia in Plus Tension.

Dr. Herbert Harlan made some remarks in which he wished to call attention to the danger of instilling atropia into an eye with plus tension. He said he recently had a case of choroidal atrophy that gave nothing to suggest a plus tension, nor any glaucomatous formation. Wishing to demonstrate the atrophy more clearly to his class he dilated the pupil with a few drops of atropine solution. On the following morning the fundus and transparent media were opaque and cloudy, and the eye was very painful. An eridectomy resulted in complete relief. But the case has impressed itself upon his mind, and forms the substance of these remarks in which he wishes to caution others against the use of atropine until the tension of the eye has been carefully tested and glaucomatous trouble is absolutely excluded.

Dr. J. J. Chisolm said it was not uncommon for acute glaucoma to be set up by the careless and injudicious use of atropia.

Dr. Robert T. Wilson then read his admission thesis upon

Ovariectomy, with the History of a Case.**DISCUSSION.**

Dr. B. B. Browne said that in his practice he had substituted irrigating the abdominal cavity with warm water, carbolized, for sponging, as it subjects the abdominal viscera to less violence. His results have been very favorable.

Dr. J. J. Chisolm then read a very interesting paper upon

A Complete Revolution in the After-Treatment of Cataract Operations.

The method had been suggested to him by Dr. Michel, of St. Louis, whom he had seen at the last meeting of the American Medical Association. It was brought before the Section on Ophthalmology, but did not meet with their approval.

Dr. Chisolm, however, decided to make a

trial of the plan suggested, and his results have been so favorable that he has now discarded entirely the old method of bandaging and incarceration of the patient in a dark room, for the new method of simply closing the eye in its natural position and retaining it so by a bit of light adhesive plaster, and allowing the patient the liberty of lighted rooms.

The advantages claimed are first, that a more uniform pressure can be obtained through the natural muscularity of the lids than by any artificial padding that might be employed; and second, that patients who have not been shut out from the light are less sensitive to its action when the eye is sufficiently healed to permit of its exposure, than those who have been retained in darkened rooms.

Moreover, it admits of a means of entertainment for the patient for they can then have their friends read to them, a privilege denied patients treated under the old plan.

The new method recommends itself especially because it possesses in a most limited degree any procedure that alters to a great extent the normal relations of the patient. The method in detail is simply this, after the removal of a cataract or the performance of an iridectomy, the eyes, if a cataract, the eye, if an iridectomy, is closed in its normal position, and a bit of isinglass plaster about two and a half inches long by one inch wide

is then rendered flaccid by immersion in some germicide fluid and is neatly applied to the surface of the closed lids. When dried, this forms a close, firm band. The patient is then allowed the full liberty of his room and in every case thus far operated upon the results have been uniformly good.

The doctor has treated eighteen cases (fourteen cataracts and four iridectomies) in this way, and many of them go out from the hospital into direct daylight without even as much as smoked glasses to protect them, and they complain of no photobia nor lachrymation. On the sixth day, when the plaster is removed, the eye stands the light better than it did on the tenth day under the old method. The length of time required for complete healing of the eye operated upon is, on an average, about two weeks, but the most of the eighteen cases could have left the hospital on the tenth day.

Under the head of miscellaneous business, this being the last meeting of the present session, the following officers were elected for the ensuing year:

President.—Dr. P. C. Williams.

Vice-President.—Dr. Alan P. Smith.

Treasurer.—Dr. G. Lane Taneyhill.

Secretary.—Dr. C. C. Bombaugh.

Executive Committee.—Dr. J. J. Chisolm, Dr. J. Edwin Michael, and Dr. A. B. Arnold.

The Society then adjourned to meet the first Tuesday evening in October next.

EDITORIAL DEPARTMENT.

PERISCOPE.

Peroxide of Hydrogen as a Therapeutic Agent in Diseases of the Eye.

Dr. J. Herbert Claiborne thus writes in the *New York Med. Jour*:

Recently much has been written in regard to the use of the peroxide of hydrogen in cases of purulent middle ear inflammation.

Bearing in mind its bleaching properties and presuming that the benefit alleged for it in such cases was due to these properties, it occurred to me that, in the form of a weak solution, it might be of advantage in catarrhal inflammation of the conjunctiva.

Experimentation was made in a number

of cases with quite uniform results, which are appended below.

On the instillation of two drops of a ten per cent. solution into the conjunctival sac in chronic catarrh, the following was observed:

The patient invariably started as the drops fell into the eye; that portion of the conjunctiva which was bathed in the drops became blanched and presented a "washed-out" appearance in from half a minute to one minute after instillation; this condition lasted at least five minutes; immediately after introduction the bulbar conjunctival vessels became constricted; this condition yielded to marked distension in a few minutes; bubbles rose to the surface of the fluid, and some remained clinging to the bottom

and sides of the sac; twenty to twenty-five minutes after the instillation the eyes presented an irritated appearance, the bulbar vessels remaining still distended and the palpebral conjunctiva equally as red, if not redder, than before.

The patients complained irregularly of stinging immediately after the introduction, which lasted on an average from one minute to a minute and a quarter. Twenty to twenty-five minutes after the first instillation they invariably stated that their eyes felt better and more comfortable.

In acute cases the same was observed, save that the bulbar vessels became immediately distended after the instillation without apparently becoming smaller in half an hour. No exact difference can be drawn between the effect of a ten and a five per cent. solution, nor between these and a one per cent. solution, save that with the latter the stinging is less and usually lasts only half a minute.

Instillations were made also directly upon the cornea; there was no change in its appearance; the stinging was no greater, and no local anaesthesia occurred under half an hour's observation; there was no effect upon the pupil. The instillations were made every third day at the clinic.

The patients were instructed to use no other form of treatment; they invariably returned with the eyes in a less inflamed condition.

Encouraged by the ultimate result, I was bold enough to prescribe a five per cent. solution for one patient with acute follicular conjunctivitis, and to direct him to put two drops into each eye morning and night. He returned on the third day with the eyes much worse. He complained of severe stinging on the introduction of the drops, which, however, soon passed away.

The bulbar vessels were intensely congested and did not yield entirely to several drops of a four per cent. solution of cocaine.

In the light of the foregoing observations, I do not feel justified in advising the use of the peroxide of hydrogen in eye diseases, and, although no alarming reaction followed its use in any case, I gladly relegate to others its employment in the eye.

The Effects of Atropine and Whisky in Carbolic Acid Poisoning.

Dr. S. E. Bascom, of Salt Lake City, reports in the *Philadelphia Medical Times* the following very interesting case of carbolic acid poisoning treated successfully with atro-

pine and whisky. He says that on May 4 he assisted Drs. Fowler and Potter "in a perineorrhaphy, the laceration involving the sphincter ani and about two inches of the recto-vaginal wall."

"The patient, Mrs. L., a lady 22 years of age, well nourished, quite obese in fact, had been married three years, but had given birth to but one child, eighteen months previous to operation, at which time the laceration occurred. The results of the operation were perfect, and on May 12 we visited our patient for the purpose of removing the sutures. When within a short distance of the house we were met by a sister of the patient, who informed us that the nurse, by mistake, had given the 'wrong medicine,' and on reaching the house we were told that the nurse had intended giving the patient potassium bromide, but instead of this had given a tablespoonful of pure carbolic acid. The mother seeing a mistake had been made, seized the spoon and placed it to her lips to make certain as to what had been given; the result was considerable excoriation of lips and tongue. When we reached our patient, within ten minutes of the time when the dose had been taken, she was unconscious, cyanotic, almost pulseless, respiration rapid and irregular, with mucous rales throughout both lungs. The mother had given her several ounces of olive oil. We felt the case to be hopeless, but, more to satisfy the friends than from any expectation of favorable results, we administered by hypodermic injection two minims of sol. atropiæ (gr. iv to 3j.) and two drachms of whisky. Within ten minutes of the time the injections were given the pulse and respiration had improved decidedly, and the constitutional effects of the atropine were marked. In half an hour the patient became conscious, vomited freely, with hematemesis. Milk was given in teaspoonful doses at short intervals. Injections of brandy were continued, and later in the evening another dose of atropia. No saccharated calcium was used in the case.

"By the afternoon of the following days Mrs. L. had so far recovered that we decided to remove the stitches, and, aside from the soreness of the mouth, some diarrhoea, and more or less pain in the stomach and intestines (which was easily controlled by morphine), no unpleasant symptoms manifested themselves. The carbolic acid was freely eliminated by kidneys and skin, the discoloration of the urine and odor of the perspiration being noticeable for several days. Within three days the patient was sitting up, and is now entirely well."

Edema of the Penis from Abnormal Coition.

Dr. S. T. Armstrong thus writes in the *Mississippi Valley Medical Monthly*:

In no work on genito-urinary diseases that has been accessible have I found any reference to oedema of the penis consequent to abnormal coition. While there may be a criticism on the lack of a definition, aside from Ovid (*Elegy VII., T. III., Amores*), and a few other classical authors, of normal coitus, yet the *lex non scripta* would indicate any departure from a certain standard.

The following case will explain itself:

J. B., negro, aged thirty-six, native of Alabama, was admitted to the U. S. Marine Hospital at this point on April 26, 1886, for oedema of the skin of the penis, extending almost to the pubes. He stated that on the evening of April 22 he had connection with a negress, she sitting on his lap facing him, and causing the friction. He stated the act caused no pain, and in fact he had indulged in this method of sexual congress before. On April 23 his penis commenced to swell, and when admitted to the hospital measured six and a quarter inches in circumference at the glans and five inches at the pubes. The prepuce could not be retracted on account of the extensive oedema. Lead and opium lotion was applied without advantage in reducing the oedema, and on May 1 unguent. hydrarg. was rubbed in freely; this treatment being continued daily, the skin of the penis gradually returned to the normal condition. He was discharged, recovered, on May 11, eighteen days after the oedema commenced.

This history was narrated to a large number of physicians, none of whom had ever known of such a case except Dr. R. M. Pate, of Memphis, who kindly gave me the notes of the following case which he had treated:

W. P. S., aged thirty-two, white, treated in July, 1882, for oedema of the penis following coition, the woman sitting on his lap, as in the former case. The prepuce and a small portion of the skin of the penis just posterior to the glans was enormously swollen. The treatment was by free incision into the oedematous skin, immersion of the organ in hot water, and local applications of carbolyzed glycerine and water. The case recovered in eight days.

The cause of the oedema can only be explained by traumatism during the copulation. The treatment pursued by Dr. Pate is preferable, as the patient recovers in the shortest time, though care would seem requisite to prevent sloughing at the points of incision.

Retraction of the Penis.

Dr. Thos. F. Raven thus writes in the *Lancet*, August 7:

I should have published the following singular case some two years ago had I not feared that the strange details would be received with incredulity; but since a similar but more strongly marked example of the same condition has recently been recorded by Dr. Ivanoff, in a Russian medical journal, I do not hesitate to bring my own experience forward.

A. B., a healthy, steady single man, aged twenty-seven years, shortly after he had gone to bed one night, felt a sensation of cold in the region of the penis. He was agitated to find that the organ, a fairly developed one, was rapidly shrinking, and was, he thought, finally retiring. He at once gave the alarm, and I was hastily summoned from my bed to attend him. I found him highly nervous and alarmed. The penis had almost disappeared, the glans being just perceptible under the pubic arch. The skin of the penis alone was visible, and looking as it does when the organ is buried in a hydrocele, or, in an extreme degree, as it does after death by drowning. I reassured him, and gave him some ammonia, and found next day that the natural state of things had returned, but he remained weak and nervous for some days. He could give no explanation of the occurrence, and the unnatural condition has never returned. The circumstances of this case were not of so distressful a character as those related by Dr. Ivanoff. In his case the penis had bodily disappeared, and was captured only after prolonged manipulation. Even then the patient seems to have distrusted its tendency to remain in its natural position, for he had tied a string around it above the glans, in order that it should not again escape him. In this instance, too, the result was satisfactory, but the tendency to retraction was not finally subdued until the patient had been six days under treatment. He was a peasant, aged twenty-three, a married man with a family.

Resection of the Rib for Gangrene of the Lung and Empyema.

Dr. K. Snellen, of Zeist, Holland, having a case of pneumonia, which was followed by gangrene of the lung and empyema, aspirated, deferring opening up the cavity of the pleura for a few days. A fluctuating tumor being detected at the spot where the aspirator had been introduced, resection of the sixth rib, by the subperiosteal method, was performed,

four centimètres being excised. When the pleural cavity was opened, an immense stream of extremely offensive fluid came away. The cavity was washed out, through a male silver catheter, with a three per cent. solution of boracic acid, and afterwards with a one per cent. solution of chloride of zinc, the wound being covered with Lister's dressing. For the next two days, the patient's condition was very much improved, but, on the third day after the operation, the temperature rose to 104.2° Fahr., and erysipelas of the face set in, which extended over the head and neck, the patient succumbing on the eighth day after the operation. It seems uncertain whether the gangrene was the direct cause of this erysipelas. The writer is disposed to think that, in these cases, it is better not to resect very early, but to aspirate first, so as to relieve pressure on the lung, and then, after waiting a short time for the patient's condition to improve, to evacuate and wash out the cavity. German literature on this subject is scanty. Schneider, of Königsberg, had a successful case of resection of the rib for gangrene, but the latter was of traumatic origin, being due to a gun-shot wound, and, therefore, was less likely to be associated with so unhealthy a constitutional state as the present case, which was due to pneumonia. Dr. Snellen also suggests the practicability of repeated aspirations.

Removal of Callus by the Galvanic Current.

The *Medical Herald* says that Dr. Meyer, of Berlin, records the following case (*Deutsche Med. Wochenschrift*): A boy, thirteen years old, had sustained a fracture of the upper arm. After a plaster-of-Paris bandage had been applied, the arm was in three weeks so far healed that the lower and upper arm stood at an angle of 80°, the wrist being tightly drawn up, and the fingers lying without power or motion on the hand. Attempts had been made in vain to produce extension. When he was brought to Dr. Meyer, the latter discovered on the inner side of the elbow-joint a callus that occupied a third of the lower arm, and had included the flexors of the fingers, thus depriving them of active and passive motion. On the application of the induction-current to the upper arm there was considerable movement in the muscles supplied by the radial nerve. When the ulnar nerve was brought under the influence of the current a slight movement of the abductor pollicis was observable, while irritation of the median produced a tingling sensation down into the hand.

The galvanic treatment was as follows: The arm was laid on a conductor of the size of an octavo sheet, and a small electrode was applied, partly to the median nerve and partly to the callus. Frequent voltaic alternatives were employed. After sixty applications the boy could stretch out his arm fairly straight, and the place of the fracture could now be plainly felt on the inner side of the upper arm. After ninety applications the callus was reduced one-third, the active movement of the elbow-joint was nearly restored, and that of the wrist considerably improved. After one hundred and eighteen applications the muscles generally were in so good a condition that there could be no reasonable doubt about the perfect restoration of the use of the hand. This, Dr. Meyer thinks, shows that of all means the galvanic current is the most intensely sorbefacient.

A Simple Method of Removing Wens.

In the *Northwestern Lancet*, July 15, 1886, Dr. Lauenstein's simple method of removing sebaceous cysts of the scalp is described. The skin over large wens of the scalp is often so thin that, in the commonly practiced method of extirpation with a free incision over the convexity of the tumor, the sac is often ruptured in spite of all care, and through collapse of the walls of the sac the separation of the skin is rendered difficult and protracted in a disagreeable manner. This accident, unless it is a case of inflamed wen, may be avoided with certainty by a simple expedient, which has recommended itself to him on account of the rapidity of its execution, and which will be readily appreciated by those to whom it often happens to be pressed for time, or who, living in the country, are obliged to operate without skilled assistants. After shaving and cleaning the neighborhood of the wen, he makes a radial cut, about one inch long, through the skin where it is separated from the capsule of the wen, for instance, on the back of the head at the lowest point of the base of the tumor; through this slit he introduces the slender handle of the scalpel used, or a similar instrument, between the skin and sac, more or less deeply, according to the size of the tumor. This is very easily accomplished, and then he makes several sweeping movements of the scalpel-handle to the right and left, thereby separating with ease the sac from the skin. The elasticity of the skin allows almost the whole circumference of the wen to be separated in this way in a few seconds. He then cuts, with one snip of the scissors, the skin over the crown of the tumor as far

back as is necessary, and shells it out whole from its seat. There is often no bleeding, because of the division of the vessels of the sac by a blunt instrument. The rest of the treatment—sutures, drainage—is not affected by this procedure; nevertheless, he adds that any crushing or tearing of the edges of the wound is completely avoided.

Inoculation of Intermittent Fever.

Dr. C. E. Caldwell thus writes in the *Cincinnati Medical Journal*:

Blood was inoculated from "intermittent patients" on two healthy men, the following conditions having been complied with:

1. The place where the experiments were made was free from malaria.
2. The persons inoculated from were free from any other disease, especially syphilis.
3. The persons inoculated were willing.
4. The temperature of the persons inoculated was taken during a considerable period before the experiment, and showed no elevation.

The following results were arrived at:

1. The fever is inoculable by means of blood taken during an access.
2. The fever thus acquired differs from that acquired in the ordinary manner, by its irregular course.
3. After a number of attacks occurring singly or in groups, these developed in one case on the twelfth day, in the other on the twenty-fifth day, a comparatively regular quotidian, expressing the type of the source of infection.
4. The intensity of the disease was such in one case, on the nineteenth day, temperature was 105.6° F., in the other, on the twenty-eighth day, fever persisting for twenty-four hours, that they must be broken by a large dose of quinine.
5. The attacks occurred, with but few exceptions, in both persons at the hour of inoculation, 3 p. m., or reached their acme at this time.
6. The time of incubation would be hard to settle, owing to the isolated and unequal occurrence of the first attacks. The first fever motion occurred in one case on the seventh day, in the other on the twelfth day, the severe sequences of attacks in one case on the seventeenth day, in the other on the twenty-fifth day.

Trophoneurosis of the Skin Caused by Injury of the Median Nerve.

Before the American Dermatological Society, Dr. G. H. Tilden, of Boston, reported

the case of E. F., fifty-five years of age, who had been wounded in the wrist by a circular saw four months before coming under observation. Three or four days after the infliction of the injury there was loss of the tactile sense, with a feeling of numbness in the last two phalanges of the fore and middle fingers. This had continued and steadily increased. Three weeks after the accident a bulla had appeared upon the terminal phalanx of the middle finger. Similar lesions had developed from time to time upon the last two phalanges of the fore and middle fingers. The bullae had appeared every two or three weeks, and had not been accompanied by any subjective sensation. Six weeks' treatment with the faradaic current had caused decided improvement in all the symptoms. During this period only one bulla had formed. He had then stopped treatment and returned to work. Three weeks later all the former symptoms had suddenly returned. The patient had since disappeared.

The treatment of these cases consisted in the use of electricity and the application of blisters over the seat of injury. A last resource was to cut down upon the affected nerve and endeavor to relieve any constriction or pressure upon the nerve which might be found. If no such condition was detected, resection of a portion of the nerve might be advisable, since complete section was not apt to be followed by spontaneous trophic changes, and since it had been found by some observers that resection of a portion of the affected nerve was sometimes followed by the arrest of the trophic changes.

Bichloride of Mercury for Consumption.

The *Virginia Medical Monthly* for August, says:

"We have for some time been using corrosive sublimate with such marked advantage in the treatment of tuberculosis of the lungs, in a manner so much like that spoken of in the subjoined extract from July number, 1886, of *Progress*, that we had intended before this to make note of the fact. *Progress* does not tell us to whom to credit the following striking illustration of its value in tuberculosis: S. T. M., aged 38 years, came October 23, 1885, in a very feeble and emaciated condition, suffering from severe dyspnea, hoarseness, frequent chills, followed by high fever, and colliquative sweats. Examination showed extensive infiltration of the epiglottis and the walls of the larynx. The vocal cords were concealed behind the

swollen tissues above. The cough and expectoration seldom ceased more than five minutes at a time during the entire day. The sputum was so rich in tubercle bacilli, that mounted preparations of it were used as samples for illustration in teaching. This man got a spray of the bichloride of mercury, prepared as follows:

| | |
|----------------------|---------|
| R. Hydr. bichloridi, | gr. ij. |
| Aquæ destillatæ, | Oj. |
| Sodii chloridi, | ʒj. |
| M. Ft. solutio. | |

"He was ordered pills of the bichloride gr. $\frac{1}{2}$ each, one before each meal and at night, and a pill composed of assafœtida gr. iij, and ext. nux vomica gr. $\frac{1}{2}$, to be taken at the same time. In six weeks he was walking the fields five or six miles daily, hunting game. He was married last January, and is now out West."

The Effect of Sea-bathing on the Ear.

Dr. Sexton thus writes in the *Med. Record*, August 28:

Persons may nearly always escape the injury to which the ears are liable in bathing, by the observance of a few simple precautions. They should not expose the face or ear to incoming waves, especially such as are just "breaking" at the height of the head—i. e., they should be on their guard not to be caught unawares. In floating upon the back, water is liable to trickle into the canal of the ear, and in diving it also enters easily. Such a result may be prevented by wearing non-absorbent cotton or sheep's wool in the opening of the ear.

On coming out of the bath no time should be lost in wiping out any water that may remain in the canal, and drying the parts; this may safely be done by rolling a small bunch of the fibres of absorbent cotton-wool on the end of a "parlor" match, from which the ignitable portion has been burned. The cotton should project well over the end of the stick to protect it, and to form a brush resembling those made of camel's hair. This brush may, with care or after proper instruction, be carried by the bather himself down into the ear for an inch, or until felt impinging on the drumhead; the use of one or more will remove all moisture, and probably prevent any further injury liable to occur from the presence of such an irritating fluid as sea-water.

A Wandering Tapeworm.

Dr. W. Davidson Bidwell, of Leavenworth, Kansas, writes to the *Medical Record*

that a short time since a lady from the country brought him her boy, three years of age, with the account that he had passed several pieces of tapeworm during the past two months, and had become feverish and sickly. At bed-time a dose of castor oil was given the boy, and the next morning fifteen minims of oleo-resin of male fern in five-minim capsules, at intervals of one hour, another dose of oil being given in the afternoon. That evening the child passed a very long worm. A piece about a yard long became detached from the rest, and this piece, which tapered nearly to a point at one end, moved off, pointed end first, across the floor some six feet, and had climbed up the smooth side of the wall a distance of two and a half feet before it was discovered. The rest of the worm was noticed to wriggle some, but did not attempt to crawl away. During the two months that the child was passing portions of tapeworm, large numbers of pinworms were noticed almost daily in the evacuations. Dr. Bidwell asks whether such motions of a tapeworm outside of the body are often observed, and also whether it is common for the two kinds of worms to be associated?

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Two strong appeals for a higher standard of medical education appear almost simultaneously. One is by Dr. H. Genet Taylor, and was read before the New Jersey State Medical Society; while the other was read before the University Convocation at Albany, by Dr. William H. Watson, of that city.

—A serious arraignment of some of the theories of our common school system is contained in President E. A. Wood's address before the Medical Society of Pennsylvania. It has been issued in pamphlet form with the title "Heredity and Education," and should receive the attention of educators.

—The article on "The Adirondacks as a Health Resort," contributed to this journal by Dr. George E. Shoemaker, has been republished in neat form.

—A useful paper, with discussion, on "Electrolysis in Gynecology," by Dr. Franklin H. Martin, of Chicago, has appeared as a neat reprint, and contains many valuable suggestions.

—Dr. L. S. McMurtry, of Danville, Ky., in a reprint before us, narrates a case of ovariectomy, and adds some suggestive comments upon it.

—The value of intubation of the larynx as a substitute for tracheotomy is set forth in a reprint by Dr. E. F. Ingalls, of Chicago.

—"Meconeuropathia" is the name given by Dr. C. H. Hughes, of St. Louis, to the peculiar nervous symptoms which follow the excessive use of opium. He describes it in detail in a reprint of 14 pages.

—The curious affection known as "Trigger Finger," is described with illustrative cases by Dr. George W. Jacoby, of New York, in a reprint before us.

—The London Society for the Abolition of Compulsory Vaccination, forwards a 16mo. volume of about 150 pages, inveighing against vaccination in general, and its compulsory enforcement in particular. It is one of the remarkable sights of the age, this perversity in opposing the most beneficial discovery ever made in medicine.

BOOK NOTICES.

The Refraction and Accommodation of the Eye, and their Anomalies. By E. Landolt, M. D. Translated by C. M. Culver, M. D., with 147 illustrations. 8vo., cloth, pp. 600. Price, \$7.50. J. B. Lippincott & Co., Philadelphia, 1886.

As a work on the physical properties of the eye there is probably none which is more exhaustive than the one before us. The latest methods of investigation are set forth with remarkable perspicuity and fullness, and the immense clinical importance of studying and treating the eye as an optical instrument is fully vindicated.

The text is divided into three parts: The first is occupied with the strictly physical portion of the subject, as the properties of lenses, the laws of reflection and refraction, the dioptric system of the eye, etc.

The second part is entitled "The Theoretical Portion;" it treats of the refraction of the eye, the various methods of determining its refraction and accommodation, and astigmatism.

This is followed by the third and last part, devoted to clinical considerations. In this we find discussed the various anomalies of refraction, as hyperopia, myopia, defective accommodation, etc. Presbyopia is scarcely recognized by the author as a separate topic, as he believes that the condition so-called

properly comes under some of the other divisions which he has instituted.

The book is well written and well translated, and should receive a careful reading from every one who would make himself master of this important specialty.

A System of Practical Medicine by American Authors. Edited by William Pepper, M. D., etc., assisted by Louis Starr, M. D. Vol. v. Diseases of the Nervous System, pp. 1326. Philadelphia, Lea Brothers & Co., 1886.

This bulky volume contains a really enormous amount of excellent material. Its contributors are twenty-three in number, and but few of the leading neurologists of the country are notable by the absence of their names. It is fair to add that there are some, however, of the very first rank who are not represented.

This is the concluding volume of this national work, and both editors and publishers may be congratulated on the manner in which the undertaking has been accomplished. It stands, and it long will stand, as a striking monument to the high culture of the American profession, and the contents of these large tomes is throughout of an order of merit which would redound to the credit of the profession anywhere in the world. It is in strong and favorable contrast to the ponderous, theory-laden tomes of Ziemmsen's *Cyclopaedia*, and prove, what we have often maintained in this journal, that in points of practical medicine we are far ahead of German and French writers, and little, if any, behind them in the theoretical and abstract investigation of disease.

Of the topics treated in this fifth volume we need only say that they cover the whole ground of diseases of the nervous system. We have a prefatory article by Dr. Séguin on general semeiology, followed by monographs on mental diseases, headache, vertigo, tremor, paralysis, chorea, tetanus, alcoholism, epilepsy, catalepsy, neurasthenia, disorders of sleep, athetosis, meningitis, neuralgia, etc., etc., by the contributors. All are discussed in a satisfactory manner.

—The eminent obstetrician, Dr. Späth, Professor of Midwifery in the University of Vienna, has retired on a pension; and Dr. Breisky, Professor in the University of Prague, has been appointed in his room. The chair vacated by Dr. Breisky has been filled by the appointment to it of Dr. Ludwig Bandl, Professor Extraordinary of Obstetrics in the University of Vienna.

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THE RELIGIOUS PROPRIETY OF ANÆSTHETICS IN CHILD-BIRTH.

The learned Dr. Mielziner, Professor of Hebrew in Union College, Cincinnati, discusses in a late number of the *American Israelite* the propriety of administering anæsthetics to women in childbirth. For is it not written in the book of Genesis that God said to the woman, "In sorrow (pains) shalt thou bring forth children?" And would not God be irritated to find out that Dr. Morton or Prof. Simpson, by discovering ether and chloroform, had entirely annulled His law, and had victoriously cancelled the punishment He had laid on women because Mother Eve gave Adam the apple?

We confess that the gravity of this view of the case had never impressed us before. But Dr. Mielziner informs us that devout ladies "have often refused to be placed under the influence of chloroform during childbirth" in consequence of this pious scruple. It is highly gratifying, therefore, to be able on the excellent authority of Dr. Mielziner to assure such tender dubitants that the ancient rabbis did not include this injunction among the 613 which are prohibitory in their nature; they looked upon it not as a command, but merely as a statement of what usually takes place. In fact, the Talmud mentions that certain "somnia drugs" were administered to criminals about to be executed, and doubtless this alleviation would have been extended also to women in travail, had their pains been considered worthy of notice by those wise men of old.

We feel greatly relieved at this decision, as we should not have liked to have been left in the predicament of having, on the one hand, either to baffle and disappoint Divinity, or, on the other, to allow parturients to suffer the agonies which we could so easily relieve.

MEDICAL NUMISMATICS.

Those who consider collectors of old coins and medals as harmless but useless monomaniacs, have little idea of how much of history finds its strongest and often its only support in just such collections. There are no relics of the past more valuable for certain important investigations than coins and medals. They reveal the condition of art, and preserve the names and figures of generations long obliterated.

Medicine itself can be historically studied from its medals and from evidence derived from coins, and we are glad to announce that this fruitful field is now under active culti-

vation by one of the most highly cultivated physicians of our country—Dr. Horatio R. Storer, of Newport, R. I. At a recent meeting of the Newport Historical Society, he stated that he is at work upon the history of medicine from a numismatist's point of view. As special collections in this branch are rare, any of our readers who possess medals or coins in any way illustrating medical events or distinguished physicians, or discoveries in our profession, should place themselves in communication with Dr. Storer, and aid him in his researches.

We have no doubt that the prosecution of this study will throw light on some of the dark corners of medical history, as it has upon the political and personal life of many remote ages and localities.

THE DANGERS THAT BESET PHYSICIANS.

There are many designing persons in this world, and it behooves us to be careful lest we, unwittingly, get ourselves into traps that hold us fast. The physician should be very careful in his intercourse with his female patients, for he should ever remember that the law most jealously guards the honor and chastity of a woman, and in this jealous guarding may sometimes bear heavily upon the physician who is not very discreet.

Let us suppose a case that may happen to any one. Let us suppose that an employer has reason to suspect that one of his female employees has become illicitly pregnant. He calls in a physician to determine the question. He says to the servant, "You must submit to this examination, or else I will discharge you." The woman perhaps replies, "I know that *physical* resistance is useless when two strong men say that I *must* be examined, but I do not give my consent to the proceeding." Were an examination made under such circumstances, we are inclined to believe that it would be legally construed as an assault.

The point we wish to make is that a physician always runs more or less risk when he examines a woman save in the presence of a third party, before whom she has clearly given her consent to the proceeding.

A GREAT MEDICAL EDITOR DEAD.

The medical profession throughout the world has been accustomed for years to recognize the *Lancet* as one of the greatest of medical journals. By years of toil, battling, and endeavor, it succeeded, many years ago, in reaching that pinnacle of editorial fame to which the ambition of the

elder Wakley always aspired, and there, through the ability and devotion of the son of the great founder, it has continued to perch. The elder Wakley lived to see his creature a creator of sentiment and a power in the medical world, and then in the fullness of time he laid down the pen, to be taken up and wielded with equal vigor by his son. For more than a quarter of a century Dr. James G. Wakley has been the controlling spirit of the great *Lancet*, and now he too has passed from among us. It may be remarked as a somewhat curious coincidence that the great champion of the sword of America (Grant) and the great champion of the pen of England (Wakley), both were finally conquered by the same insidious and relentless foe, cancer of the tongue. Let us hope that Wakley has trained up some one to properly fill his vacant chair.

NOTES AND COMMENTS.

Sudden Death from a Blow on the Testicles.

At a recent meeting of the Varna Medical Society, Dr. Ivanoff recorded the following rare case (Bulgarian *Meditzinsko Spisanie*, June 20, 1886, p. 440). A man, aged between forty-five and fifty years, fought with a woman on the street. During the fight the woman dealt a violent blow on his genital organs. The man shouted, "I am dying!" staggered, and fell insensible. The author, who was almost immediately fetched to the spot by a policeman, found the patient lying on his back, motionless, pulseless, and breathless; his face, neck, and scrotum being very red. Not a trace of ecchymosis or any other sign of injury was detected anywhere in the man. Since there seemed to be heard a slight cardiac murmur, and a slight tremor to be felt in the carotids, Dr. Ivanoff without any delay resorted to artificial respiration. But neither forty-five minutes' manipulation nor electrization could establish the man's breathing. The congested parts soon became livid, and every sign of life extinct. At the post-mortem examination there were found only intense congestion of the meninges and brain, congestion of the lungs with numerous punctiform ecchymoses, accumulation of dark red fluid blood in the cardiac cavities, congestion of the stomach, liver, kidneys, and testicles. Everything else was quite normal. Basing this conclusion on all the facts as sketched above, the author stated (forensically) that

death followed from syncope, which had been brought about by sudden violent pain caused by a blow on the testicles.

Sulphate of Sparteine.

Hans Voigt, working in Nothnagel's clinic, has come to the following conclusions respecting the therapeutical action of the sulphate of sparteine. In small doses, the salt increases the efficiency of the cardiac contractions and raises the arterial pressure. The number of heart-beats is always increased. These effects are observed within an hour of the administration of the drug, and continue for twenty-four hours. The author recommends the suspension of the administration of the drug for some days, but it may be given for a week without risk. The remedy does not always regulate the rhythm of the heart-beats. Its action on the respiration is variable. Diuresis appears to take place in proportion to the improvement of the cardiac action. A beneficial sedative action is often observed. Headache, vertigo, malaise, and other objectionable symptoms, were but rarely met with as the result of the administration of small doses. The dose employed has been from one to four milligrammes. It will be remembered that in Sée's hands much larger doses (five to twenty centigrammes) were tolerated without cumulative or other objectionable effects.

An Anodyne for Use in Vesical Irritation.

Dr. W. P. Copeland, of Eufaula, Ala., writes (*Med. Record*): "In almost every community there are old men who suffer from enlarged prostates, accompanied with a chronic inflammation of the neck of the bladder, rendering them miserable sufferers and a care and anxiety to their friends and families. Having had the professional care of several of this class of cases, and dreading the tendency they so frequently acquire of the administration of opium for the relief of pain, I resorted to various washes for injecting the bladder, resulting in my adopting a solution of benzoate of soda, ten grains to one ounce of water, with twenty to thirty drops of the green tincture of gelseminum; this is warmed and injected by the patient through a soft rubber catheter, whenever the pain is severe, and the catheter withdrawn, leaving the medicine to be voided in twenty or thirty minutes; or where they are not able to pass anything from the bladder, the catheter is reintroduced and the medicine allowed to escape. My experience with this

treatment has been so satisfactory that I cannot refrain from giving it publicity to the profession."

A Case of Probable Tuberculosis of the Skin.

To the American Dermatological Association Dr. Tilden related the history of a case occurring in a healthy-looking boy of two years of age, who had presented six or eight cutaneous lesions scattered over various parts of the body. These were of about the size of a split pea, slightly elevated above the level of the skin, and of a bright-red color, which disappeared entirely on pressure. They were hard to the touch, with borders of sensible infiltration. They had appeared within the previous five months, and had been very slow in growth. During the previous three months there had been failure in appetite and strength. In nearly all of the nodules there had ensued softening, with formation of pus, which had been discharged, and this had been followed by cicatrization. Four months later there had appeared in the left buttock a swelling which gave an obscure sense of fluctuation. In February the swelling in the buttock had increased in size, and there was more fluctuation in it. There was at this time sufficient outward curvature of the lumbar vertebræ to justify a diagnosis of Pott's disease. The author thought the most probable diagnosis to be tuberculosis of an unusual form.

Bismuth Subnitrate in Fœtid Perspiration of the Feet.

Vieusse (quoted in *Practitioner*, May, 1886,) draws the following conclusions:

1. Profuse perspiration of the feet, whether accompanied by pain or fœtidity, is easily cured by the application, with slight friction, of subnitrate of bismuth upon the diseased parts.

2. In opposition to the opinion generally held, according to which, the suppression of exaggerated perspiration may produce numerous accidents of metastasis, observation shows that the cure of this affection has not been followed by any unfavorable results, and that, if these are observed, they should be attributed to other methods of treatment hitherto employed.

3. In the cure of this disease, subnitrate of bismuth appears to exercise a purely local action, rendering the superficial cuticular structures firmer and more resistant.

4. In certain cases the remedy suppresses only temporarily the profuse perspiration of the feet, but causes the fœtid odor, as well as

the pain, which is the consequence of the exaggerated secretion, to disappear permanently.

Scarlet Fever and Scarlatiniform Eruptions Following Injuries and Operations.

Before the American Dermatological Association (*N. Y. Med. Jour.*) a paper on this subject was read by Dr. Atkinson, who first reviewed the literature of the subject referring to the cases on record. In many of these cases it was held that the affection had been a true scarlatina. In other cases the scarlatiniform rash was of septic origin. Various drugs which were frequently prescribed in traumatic cases would produce such eruptions, special reference being made to the cinchona alkaloids. The eruptions produced by these drugs were usually of an urticarial appearance, but they might be of a scarlatiniform nature.

Dr. Morrow said that the speaker had not mentioned the rash that often followed the use of antipyrine, which frequently simulated scarlatina. Again, carbolic acid and iodoform dressings would often produce rashes presenting the objective appearances of scarlet fever.

Paresis of the Respiratory Muscles following Diphtheria.

Dr. Rothmann (*Wiener Medizinische Wochenschrift*, June 12, 1886,) reports the case of a boy, seven years of age, who suffered from great difficulty of respiration following an attack of diphtheria six weeks previously. Inspection of the thorax showed the upper portion to be entirely without motion, and the lower ribs only rose and fell almost imperceptibly with the respiratory act. The epigastrium was also motionless, and none of the accessory muscles of respiration came to the aid of the little sufferer. The only way in which the child could increase his feeble expirations was by pressing with his little fists on the upper part of the abdomen. The treatment consisted in hypodermatic injections of strychnine, and the application of the induced current to the phrenic nerves and the abdominal muscles. After twenty applications of electricity, and the administration of about one-third of a grain of strychnine, the patient was cured.

Anæsthesia by Suggestion.

Dr. Pitres relates in the *Journal de Médecine de Bordeaux*, a case which well illustrates the power of hypnotic suggestion in producing anæsthesia. The patient was an

hysterical woman, easily hypnotizable, who was suffering from a very painful phlegmon on the left thigh, following a hypodermic injection. The abscess was the seat of acute shooting pains, and could not be touched without causing the patient to scream. Dr. Pitres proposed to put the woman to sleep by hypnotism, then to order her to allow the abscess to be opened without feeling any pain, either during or after the operation, and finally to wake her up and make the incision. This was done as proposed; a dissection was made down upon the abscess, which was emptied of the pus, cleaned and dressed. During all this time the patient watched the proceedings with a smile, and expressed astonishment that the abscess could be opened without giving her the slightest discomfort.

Intra-peritoneal Injections in Acute Hemorrhage.

Rütgers (*Centrab. f. d. Med. Wiss.*, Aug. 7, 1886,) records the case of a woman who, as a result of post-partum hemorrhage, was in a state of profound collapse, and whose veins, after ligature, did not swell, so that no indication for the site of an intravenous injection was obtainable.

A solution of sodium chloride 90 grains, sodium hydrate 5 grains, and distilled water 34 fluid ounces, was accordingly introduced into the abdominal cavity by means of a trocar. After three days, during which abdominal pain and subnormal temperature obtained, the general condition was excellent.

It is evident, from this experience, that the absence of swelling in veins after ligature is no sure sign of actual death, and it is suggested that the method described may replace that of hypodermatic injection of water in Asiatic cholera.

Hemicyanosis.

M. Renaut (*Lyon Médicale*) gives the following summary of a case: In 1879 an attack of acute, poly-articular rheumatism, and development of mitral insufficiency, with slight stenosis; at the same time, the sudden appearance of a blue discoloration of the left side of the trunk and of the left leg. For six weeks, embarrassment of heart's action and very grave condition. The blue color, like that resulting from ligature of a limb, was strictly limited to the left side; it occupied the front and back of the thorax, the lumbó-abdominal region, and, after an interruption, was continued on the lower limb. It was almost uniform, but at a few

points deeper in color. There was no œdema, and no varix. The face and the neck were only slightly congested.

Renaut referred this hemicyanosis to a lesion of the intra-medullary vaso-motor centres.

Contagiousness of Variola at the Beginning of the Eruption.

Lancereaux reports three cases (*Bul. de l'Académie de Médecine*) occurring in his hospital service, in which small-pox was transmitted at the beginning of the eruption. From these facts he draws the conclusion that variola may transmit itself on the first, or at least the second day of the eruption, since the small-pox patient admitted by mistake into the hospital was transferred two days after the appearance of the eruption. This is, however, not the opinion commonly admitted. An English physician of great celebrity, Herberden, following the citation of Dezateux and Valentine, asserted that he was in possession of facts demonstrating that small-pox could not be communicated until after the second or third day of the eruption, and that persons who never had it might, up to this period, sleep with those who had it without risk of taking it.

Carbolic Acid in Whooping-cough.

Dr. Pick Coblentz (*London Med. Record*) highly recommends the inhalation of carbolic acid in whooping-cough. He says that while there may be doubt as to the nature of the virus, there is no doubt as to the presence of some kind of specific microbe. Of course, the efficacy of carbolic acid is due to its destructive power over this germ. His method of administering is as follows: A small ball of wadding is saturated with from fifteen to twenty drops of pure liquid carbolic acid, and is placed in a mask which must be worn all day if possible, or at least for eight hours, the wadding being renewed three times daily. The urine must be examined for carbolic acid. He thinks that the period of the cough is considerably shortened by the inhalation, and that long-continued inhalation produces no toxic symptoms. He asks for a further trial of this treatment.

Concussion.

A railway accident in which passengers are merely concussed may be the cause of a curious mixture of diseases. Concussion may be regarded as that form of shock which is independent of the conscious intervention of the individual concerned. Some of the pas-

sengers may suffer from symptoms that soon pass away; others will become the subjects of nervous diseases of long, if not permanent, duration. There can now be no doubt that organic, as well as functional affections, of the nervous system may arise as the outcome of an accident that causes concussion. The inflammation of the spinal cord that sometimes immediately follows concussion has a tendency to pass away; but this regressive quality is necessarily of slow kind, and may also be abolished in the presence of a syphilitic, gouty, or other pronounced diathesis.

The Proper Use of Antipyrine.

The *N. Y. Med. Jour.* says that Pavay (*Wiener Med. Woch.*) has employed this drug in a large number of cases, and gives some useful rules for its administration. He adopts a middle course in regard to the dosage. When the temperature does not exceed 103° F. he divides 31 grains into three powders, and administers one powder every half hour. If the thermometer registers 104°, three doses are given as before, each dose consisting of 15½ grains. With a temperature of 105° and above, he gives 62 grains in four doses, half an hour apart. It is seldom, the writer asserts, that the temperature fails to fall from 2° to 4°, and to remain lowered from six to sixteen hours. If for any reason the stomach will not retain the drug, it may be given by the rectum in doses of from 30 to 45 grains, or hypodermically in a fifty per cent. solution.

Taking the Temperature in Children.

A very ingenious and simple method has been proposed by Filatoff, in the *Archiv für Kinderheilkunde*, vol. vii., part 3, for expediting the troublesome process of obtaining the temperature in children.

He recommends that by the use of a previously-warmed thermometer the fall, and not, as is usual, the rise of the mercury be observed. In from one to two minutes the column is found to stop at a point which very closely approximates to the actual temperature of the patient. It is found that the higher the fever, the smaller is the error. Thus, at temperatures of from 103.1° to 104° F., the error does not exceed 0.2° F., while for lower temperatures it may reach 0.5° F. It is, of course, evident that a certain amount of care and skill is requisite in order that the precursory warming of the thermometer be neither insufficient nor excessive.

Value of Resorcin, Icthyol, and Lanolin in Cutaneous Diseases.

Before the American Dermatological Association, Dr. H. W. Stelwagon, of Philadelphia, read some notes on this point. In regard to lanolin, he said that in some cases as an ointment base this is superior to the ordinary fats in use. Where a simple protective action is desired, it is inferior to vaselin, cold cream, or lard. In chronic cases, where there is infiltration and a degree of penetration is the object, lanolin is especially valuable. The writer stated that according to Liebreich, a lanolium purissimum was now manufactured, in which the cholestrin ethers were absent. The main disadvantage of lanolin as now manufactured from sheep's wool is its strong sheepy odor. In a few acute and subacute cases of eczema, lanolin for some reason proved irritating. As a rule, however, it is bland and unirritating.

Tonics in Malarial Hæmaturia.

When fever has subsided, the quinine is left off, and the time has arrived for the employment of tonics, Dr. L. F. Calhoun (*Med. Herald*) knows of none better than the following:

| | |
|---------------------|--------|
| R. Tinct. nux vom., | 3j. |
| Tinct. mur. iron, | 3iss. |
| Elix. vitriol, | 3j. |
| Aquæ q. s. ft., | 3viij. |

Sig.—A teaspoonful in water after meals, i. e., three times per diem. It should, of course, be taken through a glass or reed in order to prevent the vitriol from acting upon the teeth.

A second very good tonic is this:

| | |
|------------------------------|--------|
| R. Ferri et. quinæ citratis, | 3ij. |
| Strychnia sulph., | gr. j. |
| Tinct. columbæ, | 3j. |
| Syr. limonis, | 3j. |
| Aquæ rosæ, | 3vj. |

Sig.—Two teaspoonfuls in water three times a day.

Caffein as a Diuretic.

This subject is discussed by Dr. W. von Schröder in the *Centralblatt f. d. Med. Wiss.*, No. 26, 1886. He finds, as the result of experimental investigation, that the diuretic action of caffein, which is often very marked, is not due to any change in the pulse-rate or to increase in the blood-pressure, such as is produced through the agency of the vasomotor system, but is most probably brought about by a direct stimulation of the secreting elements of the kidney.

Similarly, Dr. A. Langgaard, in the same journal, No. 29, gives testimony as to the diuretic action of this drug, and agrees in every respect with v. Schröder as to the man-

ner in which its action is brought about—that it occurs quite independently of any change in the blood-pressure, appearing even when the pressure is reduced to *nil*.

Oil of Turpentine in Scrofulous Ozena.

Malacrida (*Centribl. f. Chir.*, July 17, 1886), reports the case of a girl ten years old who had ozena of long standing which had long been under treatment in vain. Taking a suggestion from the cure of old fistulous tracts with oil of turpentine, the author used this drug locally, and gave the patient a supporting diet. Cotton tampons moistened with a few drops of the oil were introduced into the nose. As they caused considerable irritation, those subsequently used were wrapped with dry cotton. A perfect cure took place in a week. Five other cases treated by the same method are mentioned, in none of which was the cure delayed longer than a month.

A Cure for Freckles.

Dr. Halkin's procedure (*American Practitioner and News*) is as follows: The skin being washed and dried is put on the stretch with two fingers of the left hand, and a drop of carbolic acid is applied exactly over the patch. When it dries, the operation is completed. The skin becomes white, and the slight sensation of burning disappears in a few minutes. The thin crust which forms after the cauterization should not be disturbed; it detaches itself spontaneously in eight or ten days, leaving a rosy coloration, which is soon replaced by the normal color of the skin.

Hippurate of Calcium in the Treatment of Cirrhosis of the Liver.

M. Dujardin-Beaumetz (*Union Méd.*, August 19, 1886,) employs the following preparation:

| | |
|-------------------|-------------|
| R. Hippuric acid, | 6 drachms. |
| Lime water, | 16½ ounces. |
| Syrup, | 20 " |
| Essence of lemon, | 1 drachm. |

Dose—A tablespoonful several times daily, so that the equivalent of one or two drachms of hippurate of calcium may be given.

Under the use of this drug the writer has observed a marked amelioration of the ascites attending cirrhosis.

The Treatment of Sick-headache.

Dr. W. Gill Wylie, of New York (*N. Y. Med. Journal*), has produced excellent results with the following method of treat-

ment: So soon as the first pain is felt, the patient is to take a pill or capsule containing one grain of inspissated ox-gall and one drop of oil of gaultheria every hour until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache as such is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.

Heat Destructive to the Comma Bacillus.

At a recent session of the Academy of Sciences in Amsterdam, Prof. Forster stated that he and Dr. van Geuns had found that the comma bacillus was destroyed by heating the substance containing it to 55° C. In their work "Les Bacteries," MM. Cornil and Babes state that the comma bacillus is destroyed by exposure to a temperature of 50° C. for few days; also that a culture of comma bacilli can be sterilized by slowly heating it to 65° or rapidly to 75° C.

Application for Use in the Eruption of Wisdom Teeth.

Delieux de Savignac (*Revue de Thérapeutique*, July 15, 1886,) has commended the following mixture as an application to the inflamed gums over wisdom teeth in the process of eruption:

| | |
|----------------------|-----------|
| Glycerole of starch, | 3ij. |
| Pulverized borax, | gr. xv. |
| Pulverized saffron, | gr. viij. |
| Tincture of myrrh, | gtt. x. |

With this make gentle and repeated frictions of the gums.

Oedematous Laryngitis.

Dr. Mackern, Buenos Ayres, reports in the *Lancet*, May, 1886, three cases of oedema of larynx treated by scarification and external blistering, with uniformly good results. In case 1, the oedema arose from a syphilitic ulcer, and there was a slow development of the symptoms. In case 2, the laryngeal trouble was secondary to an erysipelatous pharyngitis, and came on suddenly. In case 3, the cause was obscure. In each case the oedema was in the ary-epiglottic folds and ventricular bands, and the true vocal cords were entirely hidden.

Another Remedy for Vomiting of Pregnancy.

Still another remedy for this much medicated condition has been found in the hydrate of cocaine. When everything else had failed, when hope had fled, and abortion seemed the only alternative, Dr. Holtz

gave his patient a hypodermic injection of cocaine, and the vomiting ceased. The writer is happy to record the instance as one of the few in which cocaine has appeared to be good for anything except for local anæsthesia.

Peroxide of Hydrogen in Epilepsy.

Dr. B. W. Richardson recommends (*The Asclepiad*) this drug for more extended trial in epilepsy, and records some strikingly successful cases. It should be given in what is known as the ten-volume solution, one fluid drachm three times daily in half a tumbler of water, increasing the dose gradually to two or even three fluid drachms. To mask the metallic taste of the drug, a drachm of glycerine should be given with each dose.

Treatment of Diphtheria Complicating Scarlet Fever.

Dr. Heubner, of Leipzig, treats these cases by means of injections into the tonsils and gums of a three per cent. solution of carbolic acid. This should be done on both sides of the mouth and throat twice daily, with an instrument prepared by him for the purpose. Since H. has applied this method, the rate of mortality has fallen from thirty-five to thirteen per cent.

Sanguinarine Nitrate.

Reporting the results of his use of this drug in the *N. Y. Med. Jour.*, Dr. E. R. Shurly says that no special results follow the local use of this drug, but for internal administration in a certain class of cases it is highly useful as a stimulating expectorant. He has noticed no unpleasant effects of depression from it in doses of $\frac{1}{16}$ to $\frac{1}{4}$ of a grain in syrup.

Pilocarpine in the Treatment of Adenitis.

In the *Medical Record* Dr. Dourado recommends the treatment of chronic enlargement of the lymphatic glands by the injection of the salicylate of pilocarpine. In chronic parotiditis and in adenitis of the inguinal glands, the treatment was also successful.

Prescription for Alopecia.

Oil of sweet almonds and stronger liquor of ammonia, of each, one ounce; spirit of rosemary, 4 ounces; honey water, 2 ounces. Mix. This lotion is to be rubbed well into the roots of the hair and over the scalp, and

the head should afterwards be washed with clear, soft water—rain or distilled water, if possible.

A Russian Ointment for Articular Rheumatism.

Grinevitski (*Brit. and Col. Druggist*, July 24, 1886,) is credited with this formula:

| | |
|------------------------|-----------------------|
| R. Extract of aconite. | $\frac{1}{2}$ drachm. |
| Mercury ointment, | $\frac{1}{2}$ " |
| Hyoscyamus ointment, | $\frac{1}{2}$ " |

NEWS AND MISCELLANY.

American Rhinological Association.

The fourth annual meeting will be held at St. Louis, Mo., October 5th, 6th, and 7th, 1886.

PROGRAMME.

OCTOBER 5TH—MORNING SESSION AT 10 O'CLOCK.

Roll Call.—Address of President, A. De Vilbiss.

Papers.

1. A Mixed Form of Atrophic and Hypertrophic Catarrhal Inflammation (heretofore undescribed), and its Treatment. By P. W. Logan, M. D., Knoxville, Tenn.

Discussion.

2. Thoughts Relating to the Naso-pharyngeal Tract. By J. W. Fink, M. D., Hillsboro, Ill.

Discussion.

3. Chronic Acid and Tri-chloro Acetic Acid in the Treatment of Hypertrophies of the Pharyngo-nasal Cavities. By Drs. J. A. Stucky and O. F. Brown, of Lexington, Ky.

Discussion.

Adjournment at 1 p. m.

AFTERNOON SESSION AT 3 O'CLOCK.

4. The Future of Rhinology. By Carl H. von Klein, M. D., Dayton, Ohio.

Discussion.

5. Necrosis of the Nasal Bones. By H. Jerard, M. D., East Lynne, Mo.

Discussion.

6. Oleate of Quinine in Nasal Catarrh. By Jno. D. Sympton, M. D., Bloomington, Indiana.

Discussion.

Adjournment at 6 p. m.

OCTOBER 6TH—MORNING SESSION AT 9 O'CLOCK.

Business Meeting.

I. Report of the Secretary and Treasurer.

II. Report of the Librarian. III. Report of the Nominating Committee. IV. Report of other committees. V. Miscellaneous business.

Papers.—At 10 O'clock.

7. New Methods in the Treatment of Catarrhal Inflammation of the Nose and Throat, including Diphtheria, etc. By H. Marks, M. D., St. Louis, Mo.

Discussion.

8. Treatment of Pruritic Catarrh (Hay Fever). By Thos. F. Rumbold, M. D., St. Louis, Mo.

Discussion.

9. The Use of Cocaine in the Treatment of Diseases of the Pharyngo-Nasal Cavities. By J. A. Stucky, M. D., of Lexington, Ky. Adjournment at 1 p. m.

AFTERNOON SESSION AT 3 O'CLOCK.

10. The Importance of Constitutional Remedies in the Treatment of Chronic Catarrhal Inflammation of the Upper Air Passages. By H. B. Logan, M. D., St. Louis.

Discussion.

11. Treatment of Acute and Chronic Inflammation of the Superior Respiratory Passages. By W. G. Lipes, M. D., Toledo, Ohio.

Discussion.

12. Colds in Very Early Infancy; How Taken and How Prevented. By H. F. Hendrix, M. D., St. Louis, Mo.

Discussion.

Adjournment at 6 p. m.

OCTOBER 7TH—MORNING SESSION AT 10 O'CLOCK.

13. The Importance of Early Recognition and Treatment of Naso-aural Catarrh. By N. R. Gordon, M. D., Springfield, Ill.

Discussion.

14. Is Hay Fever (so-called) a Disease per se? By J. P. Matthews, Carlinville, Ill.

Discussion.

15. Scarification in Nasal Hypertrophy. By A. G. Hobbs, M. D., Atlanta, Ga.

Discussion.

16. New Instruments. By the Fellows. Ballot for Officers for 1886-87, and their Introduction into Office. Announcement of the next place of meeting. Adjournment.

OFFICERS, 1885-86.

President, A. DeVilbiss, M. D., Toledo, Ohio; First Vice-President, J. A. Stucky, M. D., Lexington, Ky.; Second Vice-Presi-

dent, C. Ohio; P. W. Librarian, Ill.; M. D., For M. D., M. D., East L.

An burt, a in whi means her ch had h child in pas mothe weeks and h Accor due to which not q crosc in daugh that t appe bath sourc the s whic escap Flor ment the p infec Sant dren nati of t been or c goes ico- way ing sort the ren eac is a var acco abo be

dent, Carl H. von Klein, M. D., Dayton, Ohio; Recording Secretary and Treasurer, P. W. Logan, M. D., Knoxville, Tenn.; Librarian, N. R. Gordon, M. D., Springfield, Ill.; Members of Council, R. S. Knode, M. D., Fort Wayne, Ind., Hiram Christopher, M. D., St. Joseph, Mo., E. F. Henderson, M. D., Los Angeles, Cal., H. Jerard, M. D., East Lynne, Mo.

A Danger from Public Baths.

An interesting case is recorded by Dr. Auburt, according to the *British Med. Journal*, in which blennorrhœa was communicated by means of a bath. A lady consulted him for her child, aged four years, who for some days had had an abundant vulvar secretion. The child complained also of pain and burning in passing urine. In relating the case, the mother stated that she herself had, for some weeks, been affected with a like discharge, and her husband with an urethral discharge. According to the lady's husband, this was due to drinking turbid wine; an explanation which, as it was satisfactory to the lady, was not questioned by the medical man. A microscopic examination revealed the gonococcus in the discharge from both mother and daughter. On further inquiry, it appeared that the child, three or four days before the appearance of the discharge, had taken a bath with its mother. No other possible source of infection could be thought of. In the same family there was another child which did not have the bath, and which escaped the infection. Professor Filippi, of Florence, commenting on this case (*Lo Sperimentale*, October, 1885), relates that during the previous year, fifty-five little girls were infected with vulvitis at the public baths of Santa Lucia at Florence. Some of the children also contracted severe purulent inflammation of the eyes. The only explanation of this outbreak was, that the contagion had been deposited in the water by some woman or child already infected. Professor Filippi goes on to remark on the hygienic and medico-legal aspects of the case. It is not always possible to make sure that people making use of public baths are free from every sort of infectious disease. Unless, therefore, the supply of water be undergoing constant renewal, the water ought to be changed for each person. The forensic aspect of the case is also important. When a child, with vulvar discharge, is brought for examination on account of a supposed criminal assault, the above-mentioned mode of infection ought to be borne in mind.

Milk Boiled and Unboiled.

Dr. M. Reichmann, in the *Deutsche Med. Zeitung*, draws the following conclusions from a number of elaborate experiments as to the digestibility of milk in the human stomach:

1- Boiled milk leaves the healthy stomach more rapidly than an equal quantity of unboiled milk.

2. The digestion of boiled milk is more rapidly accomplished than that of unboiled milk.

3. The coagulation of unboiled milk in the stomach is complete in five minutes.

4. The coagulation is not caused by the acid of the gastric juice, and by the influence of a special ferment (milk-curdling ferment).

5. The acidity of the gastric juice is at first due almost solely to lactic acid, and later in the process of digestion to the presence of hydrochloric acid.

6. Hydrochloric acid first appears in perceptible amount 45 minutes after the ingestion of half a pint of milk.

7. For the first hour and a quarter after the ingestion of milk the acidity gradually increases, and then decreases until the milk has entirely left the stomach.

8. The curds of casein in digestion of boiled milk are much softer than in the case of uncooked milk.

The Beauty Trade.

The Duvals, of Paris, seem to have a talent for making themselves notorious. One has made himself famous throughout Europe by his restaurants; another some years ago got talked about by blowing out what brains he possessed at the feet of Cora Pearl, annoying that lady by messing her carpet. A third has just provided material for the Paris papers by an action he has lately defended against a Madame Lafitta, who sued him for some \$360 for nostrums which she had supplied to him intended to make hair grow on his bald head. Madame Lafitta, it appears, had to wear a wig herself, but the fact does not seem to have depreciated her talents in the opinion of her clients. Her explanation was that she had no time to spare for cultivating her own hair. M. Duval, it appears, paid her 134 visits and used all her unguents, but at the end of the treatment his pate showed no signs of cultivation. He refused to pay more than a hundred francs as the value of the preparations, claiming that there had been an understanding that there was to be no pay unless a perfect cure was effected.

The judge supported his view of the matter, took his valuation as correct, sent Madame Lafitta and her balderdash to the right-about, condemning her at the same time to pay her own costs.

Liquor Statistics.

Last year the British spirits retained for home consumption amounted to 26,609,488 gallons, 0.733 of a gallon per head of a population estimated at 36,325,115. The foreign and colonial spirits consumed represented 0.221 of a gallon per head, the quantity being 8,012,655 gallons. The amount of foreign wines consumed was 13,767,928 gallons, 0.379 of a gallon per head; of beer, 27,101,238, or 0.746 of a barrel per head; of tea, 182,408,830 pounds, equivalent to 5.022 pounds per head; of coffee, 32,660,320 pounds, 0.898 of a pound per head. These figures show a large falling off in the consumption of British spirits, nearly 2,000,000 gallons; a falling off of some 300,000 gallons of foreign spirits; and a slight decline in the consumption of foreign wines. Beer showed a slight increase in the total consumed, but not in the amount per head of the population. Nearly 20,000,000 pounds more of tea were consumed, and coffee also showed a slight improvement. These statistics must be highly encouraging to advocates of temperance, being an undoubted proof that their labors in the past have not been without effect.

Pen Picture of Lawson Tait.

Dr. W. O. Roberts, in the *American Practitioner and News*, August 21, 1886, says: "Mr. Tait is a much younger man than I had expected to find him. He is just forty-one years of age; he is about five feet nine inches in height, and weighs, I should say, two hundred and twenty-five pounds. His legs are short, body quite long and large; hands short and fat, but how nimble and dextrous! His hair is dark brown, slightly sprinkled with gray, and he wears it quite long. He has a full face with short side whiskers. His voice is pleasant and manly, and his whole make-up impresses you as belonging to a person of immense force. His manners are pleasing, and to friends cordial. I should say he was a good lasting hater. He is a native of Edinburgh, and was a pupil and very intimate friend of the late Sir James Simpson, to whose pictures he bears a striking resemblance. He does most of his operations before breakfast, and seems to be in a big rush during all the day."

The Influence of Foreboding in Disease.

In the *Asclepiad*, January, 1886, Dr. B. W. Richardson says that there are two kinds of forebodings—the fanciful and serious. False forebodings are presented by the persons of fanciful and flighty natures, who are really fond of contemplating risks, and who suggest anxiety one minute and laugh at them a few minutes afterwards. These forebodings have no serious importance. True or serious forebodings emanate from persons who are firm and thoughtful, who as a rule keep to themselves what is on their minds until something like a crisis has been reached, when they come to a conclusion to which they adhere, by which they are much influenced. These forebodings are a critical disease, and are bad; they have a direct effect on the physical powers; the heart's action is impaired, the digestion becomes affected, and there is a want of tone very much opposed to the restorative efforts. A wise plan is to take as little notice of these forebodings as possible, but to ridicule them is bad.

Consumption of Tobacco in Europe.

M. Paul Leroy-Beaulieu, in an interesting paper in the *Economiste Francaise*, gives the following figures, showing the quantity of tobacco consumed in the different countries of Europe, and the rate per 1,000 inhabitants is, according to him, as follows: Spain, 110 pounds; Italy, 128 pounds; Great Britain, 138 pounds; Russia, 182 pounds; Hungary, 207 pounds; France, 210 pounds; Denmark, 224 pounds; Norway, 229 pounds; Austria, 273 pounds; Germany, 336 pounds; Holland, 448 pounds; and Belgium, 560 pounds. In other words, while in Spain little more than 1 pound per head is consumed, nearly double that quantity is consumed in France, three times as much in Germany, four times as much in Holland, and five times as much in Belgium.

French Vital Statistics.

It was stated by M. Bertillon, in a letter recently delivered at the Hygienic Exhibition in Paris, that the movement of the population for the past year throughout France had been very unsatisfactory, the total number of births being 922,361, or, upon the average, 30,000 fewer than for the last fifteen years. Moreover, out of this total 74,118 were illegitimate, or rather more than 8 per cent. of the whole, this being the largest number of illegitimate births ever recorded. Upon the other hand, there had been a slight reduction in the number of

deaths, but still only 8

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deaths, the total for 1885 being 836,897; but still the excess of births over deaths was only 85,464.

The Milk of New York.

Dr. Edson, of the Health Department, has been making an investigation of the milk brought to the city over the various railroads, and has found that in some instances it was diluted with as much as forty per cent. of water. On September 10, he made a report to the Board of Health of an inspection recently made by him of ten candy factories. At one of them he found a quantity of Venetian red, which is used to give color to low grade chocolates, and in another, some burnt umber, which is used in the coloring of Christmas toy candies. In none of the other establishments were any pigments found in use which are deleterious to health.

Separate Licensing Boards in Canada.

The *Canada Medical and Surgical Journal* says: "The advisability of establishing a Central Examining Board has now been fully entertained both by the Governors of the College and also by the general meeting of the profession. It will, therefore, doubtless come into force as soon as the necessary legislation shall have been obtained. The proposed composition is such that all interests seem to be fairly represented. The total number will be twenty, more than would be required, except for the absolute necessity for a double set of examiners, English and French."

Starvationists.

A community was started at Anaheim, California, several years ago, the principal feature of which was that only uncooked vegetable food was used. One after another of the members have departed, either by resignation or starvation, and now but two are left. One of these, the spiritual adviser of the society, Walter Lockwood Thales, is so nearly starved to death that he is confined to his bed from weakness; and the other, Mrs. Hinde, is so near the bound of life that the ladies living near her are forbidden to see her pale, wan face in the dying pangs of death by starvation.

A Two-pound Child.

Dr. S. L. Post reports in *Daniel's Texas Medical Journal* that he delivered a woman twenty-three years of age and the mother of three children, of a foetus weighing only two

pounds. There were no pulsations in the cord, which was cold and atrophied, and wholly detached from the placenta. After diligent work the child was made to breathe, and it is now as well as any infant. The woman menstruated regularly during her entire period of gestation, and during the last four weeks flooded so profusely that she was unable to attend to her domestic affairs.

An Elastic Mucilage.

The *Chemische Centralblatt* gives the following directions for an elastic mucilage:

Dissolve one part of salicylic acid in twenty parts of alcohol, add three parts of soft soap and three parts of glycerin. Shake thoroughly, and add the mixture to a mucilage prepared from ninety-three parts of gum Arabic and the requisite amount of water (about 180 parts).

This mucilage is said to keep well, and, when it dries, to remain elastic without tendency to cracking.

The Gropings of Medicine.

A physician was once conversing with a prince who spoke of medicine as a science of guess-work. "But, sire," he said, "let us suppose that an Egyptian darkness were suddenly to come over the land. Would you not rather trust to a blind man to guide you to Paris than to one who might see in the light; to one who had learned to grope his way in the darkness than to another who would stumble and go astray the moment his clear sight was dimmed?"

New Metric Abbreviations.

The International Committee of Metric Weights and Measures has adopted the following system of abbreviations. Italics are employed, with the exponents 2 and 3 to denote square and cubic measure: Metre=*m*, decimetre=*dm*, centimetre=*cm*, millimetre=*mm*, kilometre=*km*. Metre square=*m*², metre cube=*m*³, and so for the rest. Litre=*l*, decilitre=*dl*, etc. Kilogram=*kg*, decagram=*dg*, gram=*g*, decigram=*dg*, centigram=*cg*, and milligram=*mg*.

Death of Another Patient of M. Pasteur.

A child, three years and a half old, is reported, in the *Semaine Médicale*, to have died lately from rabies at Teste. He was bitten by a mad dog on June 14th last. On the 16th he was brought to Paris, where, during ten days, he was submitted to Pasteur's treatment. After his return to Teste on June 28,

the child was seized on August 12 with the first symptoms of hydrophobia, to which he succumbed in a few days.

A Fortunate University.

Since 1879 the University of Sydney has received donations exceeding a million of dollars. One bequest, known as the Challis bequest, is expected to realize \$1,000,000. The Macleay Natural History collection, another recent gift, is valued at \$125,000, and a sum of \$30,000 has been promised for the endowment of a curatorship in connection with it. For the purpose of founding a library a donation of \$150,000 was made.

Artificial Quinine.

The *Lancet*, of August 28, intimates that Mr. Creswell Hewett has made a discovery by which quinine may be made by synthesis, from an article which may be got in abundance in any part of the world. It is thought that Mr. Hewett will put himself into communication with the British Government, which spends \$300,000 annually in India alone in the cultivation of the cinchona tree.

The Coming Man.

A local chemist who lately advertised for an assistant was favored with, amongst other applications, one from an ingenuous youth, who, after detailing a few particulars as to where he had been and what he had done, begged to enclose his photograph, and asked to see that of the advertiser in exchange.

What a treat it would have been to see the face of that astounded pharmacist!

Roman Law and Medical Practice.

The Roman laws ordained, says Montequieu, that physicians should be punished for neglect or unskilfulness, in treatment. If the physician was a person of any fortune or rank, he was condemned to deportation; but if he was of a low condition in society he was put to death, which was rather hard on the said physician of low condition.

Medical and Scientific Newspapers in Japan.

From recently published statistics of the Japanese press it appears there are seven medical papers, with a monthly circulation of 13,514; nine relating to sanitary matters, with a circulation of 8,195; and two on pharmacy. There are seven devoted to various branches of science.

Longevity of Intellectual Women.

Hannah More died at 88; Joanna Baillie, 80; Mary Russell Mitford, 70; Agnes Strickland, 74; Mrs. S. C. Hall, 80; Madam de Sevigne, 70; George Sand, 72; Mrs. Siddons, 76; Mary Somerville, 92; Caroline Herschel, 98; Fanny Kemble is living at 73, and Harriet Beecher Stowe at the same age.

Items.

—Chloral hydrate is used in Russia as a means of robbery.

—The Amsterdam quinine works are threatened with suspension.

—An English woman recently tried to commit suicide by swallowing soap liniment.

—During the past year \$150,000 worth of licorice root was shipped from Smyrna to the United States.

—A Chinese edition of "Gray's Anatomy," prepared by Dr. John Dudgeon, who has resided in China for over twenty years, has lately been published.

—The vital statistics of Paris show that twenty-eight per cent. of all children born are illegitimate. Of still-born, thirty-five per cent. are illegitimate.

—Dr. M. Bertin, of Dijon, having ligated the common carotid for the cure of an angioma, found two years later that a new carotid artery had formed, slightly smaller than the original, but the pulsations were distinctly visible.

—Naphthalin leaves are prepared (*Pharm. Zeitung*) by applying a melted mixture of 25 parts of carbolic acid, 25 parts of ceresin, and 50 of naphthalin, to the surface of unsized paper placed upon a warm metallic surface.

—The attempt by the Chinese government, at Hong Kong, to cultivate cinnamomum cassia, is meeting with a serious drawback. The natives who use the leaves in medicine, persistently break off the leaves and branches, thus leaving the plants in almost leafless condition.

—According to the *Lancet*, Dr. Eustace Smith thinks highly of Monti's antiseptic treatment of whooping-cough, in which the child is caused to inhale, four times a day, a spray of carbolic acid (1 to 100), or of benzoate of sodium (1 to 20), and to take internally, every two hours, in milk, a suitable dose of tannate of quinine with benzoate of sodium and sugar. The average duration of the attack under this treatment is only three weeks.